THE LANCET.

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ST. MARYLEBONE INFIRMARY.

CLINICAL LECTURES
ON
MEDICINE AND MEDICAL PRACTICE,
DELIVERED BY

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IN my last lecture I mentioned that several interesting cases, then recently admitted, must be postponed to my next lecture, owing to being too short a time in the house. To these I now proceed to call your attention. Some of them are still in the house, convalescent or improving, and some have been discharged. Two have died, being infants whose cases were hopeless, I may say, from their admission; both of these died of lobular pneumonia supervening on marasmus. I shall bring the former under your notice without reference to the dates of admission or discharge, or any other circumstances than the order in which they present themselves to my mind. I hope to find time, on the present occasion, to advert at sufficient length to five or six of the most interesting of them.

SPOTTED TYPHUS.

In the course of my taking-in week before the last (March 4 to 11), I had a case brought in of spotted typhus, the first of the sort I have had here for some months. For some years past I have not seen so few in the winter or spring months as lately, and I must not postpone noticing this case, and offering such observations as it may suggest. The case was that of a woman, aged 30, admitted into Alderton's ward, March 7, in the afternoon, with eyes suffused, pulse accelerated, tongue coated, numerous spots about the chest, and other symptoms of continued fever. About three weeks previously, she stated, she had got cold from a wetting, her clothes being suffered to dry on her back. After this she shivered, and soon after became generally unwell. This indisposition continued up to the time of her admission. When I saw her, on the 9th, she was thirsty; complained of no pain; the pulse was 144, pretty full; tongue white; she had a slight cough; the bowels were open from physic; over the chest and shoulders especially were scattered rather profusely a crop of small, flat, roundish, dull-red spots, which seemed to disappear under pressure and reappear after, and were apparently typhoid spots, not petechiæ. I could not learn how long they had been out. She was quite collected. As yet no trace of delirium had been observed. She was put on simple saline cooling medicine and low diet, with a mustard poultice applied to the chest for the tightness under the breast-bone. The next day (9th) I ordered the effervescing mixture every fourth hour, and at the same time a blister, from finding the air-passages in a slimy state owing to slight bronchitis. In continued fevers of every kind, not in eruptive fevers only, there is so strong a tendency to congestion in the air-passages that, in the vast majority of fever cases we find crepitation in the lower lobes at least, showing more or less obstruction to the process of breathing by mucous fluids and catarrh of the air-tubes. And this pulmonary catarrh is not rarely the greatest source of danger to the patient. You will, therefore, often enough be obliged to prescribe for bronchitis in severe fevers, and will always do well to bear in mind the possibility of its occurrence in a shape requiring substantive and distinct attention.

At the next visit (March 11) I found that delirium had declared itself in the night. Her maculæ, or red spots, were now very numerous. Her face was much flushed, and her eyes much suffused; her answers were rather indistinct; pulse and tongue as before. Cold lotion had previously been applied to the head. Dr. Boyd had likewise in the morning ordered a little grey powder (mercury with chalk, gr. v.), twice a-day, which was not continued after the second day. I ordered the head to be shaved (without such preparation you will find cold lotions of little use), and I gave her arrowroot and beef-tea for food. On the 12th the head was still very hot, the other symptoms continuing as before. I therefore ordered the cold douche

three times a-day to the head. On the 14th diminution of delirium during the night was reported. Her look was more favourable; rather less flush and suffusion; her pulse soft, and about 130. There had been given her a little wine *on trial*. You are aware that in a general way the severer sort of fevers in this country, very often, towards the close of the second week or beginning of the third, if not earlier, call for wine or some equivalent stimulant, and this though in the earlier period lowering treatment, in a mitigated form, is most usually employed with advantage. There is a period in the course of these fevers when we are often uncertain on which side of the boundary we are that divides constitutional strength from constitutional weakness. In these circumstances we cannot certainly say which class of remedies we should most incline to, and are consequently sometimes obliged to make trial of each before deciding the doubtful and momentous point. Such was the case here, and the result showed that wine was ordered some twenty-four hours too soon; for, instead of lowering the pulse, as it very commonly or frequently does, when happily administered, it rather increased the quickness and sharpness of the pulse. I therefore suspended the wine after the first day's trial for twenty-four hours, and resumed it on the 16th with advantage. At the same time there was still some delirium of a low kind at night occasionally; the head was still hot, and the pulse 140 to 150, bounding rather; tongue dry and brown; bowels normal, or rather more open than natural, owing to the effervescing mixture, which had been perseveringly used from the 9th. Sloughs were commencing on the sacrum and insides of the knees—on the former deep, not wide, on the latter superficial. On the 17th the tongue was becoming moist, her sleep more quiet, her eyes less suffused; her answers ready enough and intelligent; night wandering less and less, and after the 19th no trace of delirium was observed. A blister had been applied to the nape on the 18th with relief to the head. She was getting hungry. After this she was soon pronounced out of danger, and her principal troubles were debility and the painful excavations made by the sloughs. On the 23rd I gave her six ounces of red wine daily, with eggs. Soon after the aromatic steel mixture (Heberden's ink) was added four and then six times a day, with a little ale, extra bread, &c. She has been for some days convalescent of the fever, and after the healing up of the sores will be discharged, I expect, as well as if nothing had happened to her.

Remarks.—The grey powder in this case was not ordered by myself. There is, however, very high authority for the use of mercurials in fever. Grey powder, especially, is a favourite with some first-rate practitioners. When visceral inflammation or active congestion complicates fever mercurials, I believe, are capable of great things, and though not indispensable, may be often employed with excellent effect. But as an alterative and corrective of depraved secretion merely, I am not satisfied that by using mercury we do not needlessly embarrass ourselves, to say the least, without compensating advantage. Vitiated secretion seems essential to fever, practically speaking, and continues so long as the morbid conditions of the blood and nervous system that seem to constitute the causes of fever continue. So long may we expect to have defective excretions as we have the specifically diseased blood and nervous action. To alter the quality of the bile or other glandular product, one might argue, is of little avail during the progress of fever, as it is but removing an effect apparently of little importance, while the all-important causes, the morbific miasm and constitutional taint, continue in full operation. I recommend you, then, to limit your use of mercury in fever to cases complicated with visceral inflammation, and leave the secretions to salines, diet, regimen, and nature. Simple salines, of which the effervescing forms are commonly the best, are all the internal remedies required in the beginning of simple fever. As the cerebral and vascular symptoms become worse, so, generally, will the secretions; and, on the contrary, as delirium, febrile heat, vascular action, &c., diminish by natural decline of the disease, so will the tongue get clean and moist, and the evacuations part with their fœtor and foulness.

But a few years since, had such a case come under my care in this place I should probably have commenced the use of wine much earlier and extended it much farther. For there has come a great change over febrile diseases within two or three years. Latterly I have found it necessary to leech the head pretty freely in many cases, and in not a few the epigastrium or other abdominal region also; whereas, for several previous years I rarely drew blood from typhus patients; and, indeed, we had the lancet amongst our *reserve* forces very generally through the house, using it comparatively sparingly, if not timidly, even in visceral inflammation. This state of disease has certainly been observed here ever since the cholera of 1832. Dr. Hope and Dr. Sims, as I have learned, found some such condition of things on their coming into office as physicians to the infirmary in 1831 or 1832. Elsewhere also the like had been observed. It is somewhere, I think, stated by good authority (if I recollect aright, in Dr. Roupell's valuable work on Spotted Fever), that so early as 1830 Dr. Latham observed an unusually low tendency in fever in the city, at St. Bartholomew's. The like was then or soon after observed at the Fever Hospital, by Dr. Tweedie; in the Borough, at St. Thomas's, by

Dr. Elliotson, and in the east end of the metropolis by Dr. Billing. In Scotland, I think Dr. Christison gives, in his Essay on Fever (Library of Medicine), a similar view of the history of fever of late years. And Ireland, and probably other countries, would yield confirmatory evidence if it was important for me to look for it at present. But other general influences, and a different epidemic constitution, are now becoming apparent in their effects. The tendency to active congestion and positive inflammation of the viscera in fever is, I think, becoming again more marked, and the low character and tendency are proportionally receding out of view.

INCIPIENT PHTHISIS.

I have repeatedly brought under your notice the symptoms of phthisis already. It is a wearisome disease, on account of its enormous frequency, its intractability, and its nearly uniform result, when tolerably distinct. And to pupils especially, but to practitioners also, its tediousness, "which, like a wounded snake, drags its slow length along," makes it a sort of "*noli me tangere*," which we desire to have, at least in official practice, as little as possible to do with. To be watching from week to week and month to month the frame wasting away, and listening to the ever-recurring complaints of bad rest, weakness, pectoral pains, colliquative discharges, harassing cough, &c., for most of which we can often do little or nothing in the way of substantial relief;—this realises almost the sarcasm of our great lexicographer, Johnson, that "physic is but a meditation on death." Still the subject in every respect is of paramount importance and interest, as you will find when you come to treat the disease in private practice, and again and again must you have your attention directed to it. In all its stages you must familiarise yourselves with its sufferings and appropriate helps and palliatives; but especially must you study the early stage, or that of incipient tuberculation. Now, there are at this moment upstairs several cases well fitted for illustrating to you the diagnosis and treatment of the early stage of this giant disease. I allude to a case you may have seen in Alderton's ward, of a servant-girl, aged 21, admitted on the last of March; and to two cases on the male side, in Murray's: one that of a labouring man, aged 25 years; the other that of a boy, aged eight years, each admitted about the same time as the girl.

Case 2.—The girl appears to have come to her service in London about a year ago, and to have become irregular as to the menstrual function soon after. She says, she has had suppression for nearly the whole time. This is a common result in young women from the country, on entering upon the hard life of a London servant of all-work. Short and perhaps broken rest, irregular meals, much bodily labour, almost constant confinement to the house, and the London atmosphere, conspire against many of them, with dependence and humiliation, and soon tell upon even healthy and vigorous girls, producing in such pretty frequently severe fevers, and in less favoured subjects causing ultimately amenorrhœa, chlorosis, dyspepsia, hysteria, and not rarely bringing out, if not directly originating, tubercular mischief.

For some little time before her admission her legs swelled at night, but were down again in the morning. For four months she had been complaining of palpitations, some cough, and other symptoms, not sufficient to force her to leave her service, as I understand; her look was what old writers call leucophlegmatic, otherwise pallid with fulness rather than sharpness or wasting of feature; there was no great disturbance of the pulse, some pain under the breast-bone, urine and bowels nearly normal. On examining her chest, the following were observed:—On and below the collar-bone, and on the top of the shoulder-blade on the right, the chest had less resonance on percussion than the same parts on the other side. The difference was slight, however. The space in front, under the right collar-bone, seemed likewise, when compared with the other side, somewhat depressed, and was also less expanded in inspiration; the sounds of breathing were too distinct on each side, and most so on the right I thought; no remarkable or important crackling murmur or other unnatural sound was noted during inspiration.

Case 3.—These physical signs correspond as nearly as possible with those observed in the man in Murray's ward. His disease is also at the top of the right lung, and is marked by precisely the same defects in the resonance, shape, and motions of the part, and by the same distinctness of the expiration. He has, however, been subject to winter coughs; but he has had no hæmoptysis, and has been equal to his work until within a few days of admission, when he had cough, chills, followed by headach, pains in his bones, and other symptoms of influenza, coming on without obvious cause.

Case 4.—The boy in the same ward has had symptoms and signs very nearly the same as the man and the girl. He is, as you have seen, a rather high-shouldered but healthy enough looking little fellow, who was attacked shortly before admission, while in the boy's school on the other side, with symptoms like those of the man, and denoting something like influenza. On examining this child, I found traces of tubercular mischief on the left side, the right lung appearing comparatively if not absolutely healthy. To state the points in which the left lung was defective in this case, would be to repeat almost verbatim the description of the appearances observed on the right side in the two other cases. The differences

of age and sex in those cases were sufficient to modify considerably the physiological effects and symptoms of the disease of the lung, independently of any personal peculiarities of constitution in the patients; but such differences exert but little influence over the physical manifestation of structural change. In all subjects, happily without exception of importance, the methods of Avenbrugger, Laennec, &c., are applicable alike in the detection of organic mischief, and often indirectly of functional disorders, as well as of feigned or imagined disease. The only difference I think worth naming was this: the inspiration in this child was accompanied in the top of the left lung, towards the end of the act of inhaling, with a sort of *click*, as if tough fluids mixed with air had at length found room to bubble and burst in the interior of the lobe in some cavity larger than the natural passages or healthy air-vessels. This click is possibly proof of an excavation by tubercle, but may be owing to a dilated air-vessel, for his high shoulders with other circumstances render it probable that his lungs are more or less emphysematous. I could detect no pectoriloquy nor decided gurgle, and he had not had hæmoptysis, as I understood.

Remarks.—On the whole, then, you see these three cases present a remarkable coincidence in their features. In two of them no striking crepitus is noted, which is, perhaps, not in accordance with what you will find in books. Laennec enumerated amongst his physical diagnostic signs of commencing consumption a peculiar murmur accompanying the inspiration, and which he attributed to the softening of the tubercles; and this view has been generally adopted. You will often, it is true, meet with crepitations in the vicinity of tuberculations. The presence of tubercle is usually attended by a chronic congestion and catarrh of the neighbouring air-vessels upon which such crepitations depend, and they are met with, I think you will find, in a great variety of combinations, degrees, and circumstances, and of which softening tubercle is but one kind or form. Such crepitations, therefore, are probably of doubtful importance. On this point, then, as on not a few others, you will do well to listen to Laennec with a reasonable share of incredulity. Laennec made a great discovery, viz., a second method of exploring the diseases of the viscera and cavities by physical means: this was, in classic phrase, his "*monumentum ære perennius*;" his imperishable memorial. When that method was established in credit and use, his mission was accomplished. Had he left the detailed enumeration and interpretation of the sounds incidental to the actions and lesions of the lungs and heart to his disciples and successors, I suspect that auscultation and the physical method generally, would be more advanced now than it is; because the practical uses of new discoveries and inventions are necessarily of slow growth, and demand the co-operation of many minds, and even of generations. The investigation of them is, besides, generally on a level with common capacities. Already the diagnostics of Laennec have received much correction from less gifted men than he, and you may depend on it they need much more still. As the authority of the *master* decays with time, so we may expect will his omissions be more boldly supplied, and his mistakes more freely and fully rectified.

The palpitations complained of by the girl, I may remark, were probably symptomatic of the tuberculation. I have met with a good number of cases in which palpitations had drawn away in a great degree or altogether the attention of the patient from well-known pulmonary symptoms. Some years since I had a woman in the very same ward, I think, who was an intelligent person, and assured me she had laboured incessantly for nearly a dozen years under palpitations, of which principally she still complained; and yet this woman's age was mature, and beyond the hysterical period, and her heart was clinically and post-mortem proved perfectly normal; while her only disease was phthisis in both lungs, of which she died after a short residence in the infirmary. This was an extreme case, of course; but I know at this moment of several instances in both sexes of the connection between palpitations and tubercular lung. You should bear this in mind.

Summary.—Before passing to the next case, let me remind you generally that the diagnosis of incipient phthisis practically may be said to turn mainly on a general view of the past history, and a precise estimate of the present physical signs. Habitual cough, frequently recurring catarrh, hæmoptysis, &c., are well-known symptoms, and require no notice at present. The great question in such cases is, What is the physical condition of the lungs? Are they as porous and open to the passage to and fro, in and out, of air in breathing, as they ought to be? To determine this we have commonly only to examine carefully the chest about the collar-bones, in the arm-pit, and the top of the shoulder and about the upper half of the shoulder-blades; to observe whether the corresponding parts are equally resonant on being percussed; whether the parts about the collar-bones move (by rising and falling, or sinking) equally in breathing; whether they are of the same shape and fulness; and whether the sounds of breathing are soft and diffused, and particularly whether expiration is accompanied by a very distinct sound. If consolidation, i.e., tuberculation, be present to any extent, the defective side will manifest it by more or fewer of the signs just referred to; and where those tests, applied by competent persons, afford no decisive result,

then no positive or satisfactory diagnosis can be hazarded.

As these three cases are still under treatment, I shall at present say nothing of the particular remedies employed; they are all doing well, I think, and are on a sustaining diet with alkaline soothing, diuretic medicines.

Within a few days we have had several discharges, respecting one or two of which I shall say a few words.

DEMENTIA WITH APOPLEXY.

On the 4th instant there died of apoplexy a patient who had been in the house from the 10th of March last; he had been a respectable tradesman of this city, but had been unfortunate in business, and in consequence had become deranged. He was a middle-sized, fresh-coloured, rather corpulent person, seeming to enjoy excellent general health. There was observable about his head or neck no undue heat, nor any undue action of the carotids; he had no fever, no derangement of digestion, or other functional irregularity calling for medicine; he appeared merely silly, without any remarkable excitement, excepting anxiety to get out to his business. This man was put on low diet and watched, but no physic was given to him; there was no indication for any. For more than three weeks he was under observation in this way without anything occurring to call for active means. About this day week, however, he became stupid, and soon quite comatose; the pulse sank very much in a few hours, and his breathing became embarrassed; his countenance from florid became dark and bluish, and he died in the afternoon of the next day, having had no relief whatever from the remedies used for the attack. Unfortunately his friends refused us leave to examine his remains, so that the history of his complaint is necessarily incomplete; but from the symptoms presented I have, no doubt, that we should have found hæmorrhage into the ventricles or about the base of the brain. This is a frequent enough termination of mental alienation, and is generally irretrievable. I have scarcely ever seen a lunatic recover from apoplexy of a well-marked kind.

EPILEPSY.

There was a girl discharged on the 5th instant that had had two attacks resembling epilepsy, but also not unlike severe hysteric convulsions. She was about ten days in Alderton's ward, having had a convulsive attack the night before admission, with insensibility. Some twelve months before she had a similar one, but had been well in the interval; she was healthy looking, perhaps too florid; had some tenderness at the epigastrium; a pulse of 100, soft; tongue normal; bowels open from medicine; menses reported rather irregular in their periods, &c. The nature of this case may be questioned, but one circumstance inclines me strongly to suspect genuine epilepsy. It is this: before I saw her, the nurse had used the catheter, and drawn off two quarts of urine. It appeared that for twenty-four hours she made no water (and her bowels had been confined for several days), which seemed owing to temporary inability to do so, or else to insensibility to the presence of the excretion, even in so large a quantity; and in either view some serious though transitory lesion of the function of the brain may be inferred. However, being a generally healthy subject on whom the epilepsy (if epilepsy it were) had not completely settled down, she was soon relieved, and by slight measures. A few leeches were applied to the pit of the stomach, and poppy stupes afterwards; an aperient followed, and little remained to occupy attention after that. On the day before she went out, and, indeed, before that, every trace of illness was gone.

STATISTICAL REPORT

OF

DISTORTIONS TREATED AT THE ORTHOPŒDIC INSTITUTION,

WITH CASES.

To the Editor of THE LANCET.

SIR,—I beg to forward a continuation of the statistical report of the cases treated at the institution for the "cure of club-foot and other contractions;" the insertion of which in your valuable Journal will oblige, Sir, your obedient servant,

R. W. TAMPLIN, Surgeon.

29, Great Queen-street,
April 1, 1842.

There have been treated since the last report, up to January 1, 1842, 58 cases of

Talipes Varus, or rotation of the foot inwards, with elevation of the heel, the patient walking on the outer and upper surface. 27 of these cases were congenital of both feet; 11 of the right foot; 7 of the left foot; 2 non-congenital of both feet; 3 of the left foot; 1 do. combined with inward inclination of the knees; 1 case non-congenital of *both* feet, with inward inclination of the knees; 1 combined with contraction and irregular action of all the muscles of the left side, the pronators and flexors predominating; 1 case non-congenital, with contracted knee and paralysis of the left extremity; 1 from chronic inflammation of the joint; 1 of the left foot, with paralysis of the anterior muscles of the right leg, also of the extremity, distorted; 1 of the right foot, with talipes calcaneo-valgus of the left foot; 1 of the right foot, in which the following complications presented themselves—spinal cur-

vature to the left side, contraction and inward inclination of both knees, contraction of the biceps of the left arm, and talipes valgus, with an extremely relaxed condition of the ligaments of the left foot. *

In 45 of the above cases the treatment consisted in the section of the Achilles and anterior and posterior tibial tendons, according to the severity of the case; the remaining 13, being very young infants, were treated mechanically.

There have been 15 cases of "*talipes valgus*," or *eversion* of the foot, the patient walking on the *inner ankle*. 1 case congenital of both feet; 3 non-congenital of the right foot; 2 of the left foot; 3 of both feet, combined with inward inclination of the knees; 3 combined with curvature of tibia and fibula, in one of which inward inclination of the knee coexisted; 1 of the right foot, with talipes varus of the left; 1 combined with general rachitis; 1 with partial paralysis.

Treatment.—In 4 cases only was the operation necessary, and in which the tendons of the peronei and flexor longus pollicis were divided; the remainder have been treated mechanically.

Talipes Equinus, or simple elevation of the heel; the patient walking on the toes. Of this there have been 22 cases; namely, 1 congenital of the right foot; 2 non-congenital of the right foot; 4 of the left foot; 4 of the right foot, combined with paralysis, in one of which talipes valgus of the left foot also existed; 4 do. of the right foot, with tendency to talipes varus; 1 of the left foot, combined with contraction of the flexors of the left hand; 1 combined with stiff knee; 1 strumous disease of the tarsal bones; 1 of the right foot, with contraction of the biceps and flexors of the right arm; 1 with contraction of the adductors of the thigh; 1 with inward inclination of the knee; 1 with spasmodic contraction of the flexors of the forearm.

Treatment.—In 17 of these cases the tendo Achillis was divided, and in 3 the peronei also. The case in which contraction of the adductor of the thigh existed, the adductor longus and brevis, pectineus and rectus femoris, were divided by puncture; and in the case with inward inclination of the knee, the biceps femoris and vastus externus.

Talipes Calcaneo-Valgus: the term assigned by Dr. Little to that form of distortion in which abnormal flexion and abduction coexist; the patient walking on the heel and inner margin of the foot. Of this there have been only 3 cases, non-congenital; in 2 of which the peronei and peroneus tertius, tibialis anticus and extensor longus pollicis tendons were divided, the other being treated mechanically.

Contracted Hip; the thigh being flexed upon the pelvis, and rotated inwardly: of which there have been 8 cases; 7 originating from morbus coxæ, with more or less shortening of the entire limb; 1 combined with contraction of the knee.

Treatment.—In 2 cases the adductor longus and brevis, pectineus, sartorius, tensor vaginæ femoris, rectus femoris, and a portion of the adductor magnus were divided, which allowed complete abduction of the thigh, and enabled the patient to flex and extend it at will, the feet being brought nearer to the ground.

Contracted Knee.—4 cases of simple angular contraction; 2 combined with inward inclination, in one of which, owing to their being young children, was the division of the flexors necessary. *

Genu Valgum, or inward inclination of the knee. 30 cases in which both knees were affected; 2 of the right only; 3 of the left; 23 of both combined, with curvature of the tibia and femur; 1 of the right leg, do.; 5 of the left, do.; 1 with talipes valgus spurious of both feet.†—Total 65. In 4 cases only was the operation necessary; in these the biceps flexor femoris and vastus externus were divided, the remainder being treated solely by mechanical means.

Genu Extrorsum, or outward inclination of the knee. 1 case of both extremities congenital; 8 do. non-congenital, with curvature of the tibia.—Total 9.

Treatment.—Mechanical instruments so as to effect adjusted pressure.

Curvature of Tibia and Fibula.—15 cases of external curvature; 18 anterior; 19 do. and external; 1 do. and internal; 1 with inward inclination of the knee.—Total 54.

Curvature of Tibia, Fibula, and Femur.—10 cases anterior and external; 5 external; 1 anterior; 1 combined with talipes valgus spurius of both feet, and curvature of the bones of the left arm; 1 with extreme curvature of the bones of the right arm. ‡ For the

* The tendons of Achilles, anterior and posterior tibialis of the right foot, the peronei and anterior tibialis of the left foot, the biceps flexor femoris of each leg have been divided. The feet and legs are now straight, and the patient is enabled to walk. The knee and spine are still under treatment.

* The small number of cases of false anchylosis of the knee here reported may excite surprise: it should therefore be mentioned that the majority of these cases, owing to the great difficulty of their treatment, have been recommended to apply as in-patients.

† By spurious talipes is understood that form of distortion, whether resembling the form of the talipes of either class, depending on rachitic softening of ligaments and bones, and not produced by primary muscular contraction.

‡ Some of these statistical details may appear uninteresting to the general reader, but will, it is presumed, constitute valuable records to every surgeon interested in the study and practice of deformities.

outline of the treatment, see notes appended. —Total 18.

Curvature of Spine.—4 cases of lateral curvature to the right; 4 antero-posterior; 1 to the right, with inward inclination of the right knee and curvature of tibiæ; 1 to the left, do.; 1 of the lumbar portion of dorsal vertebræ, with curvature of tibiæ, spurious valgus and rachitis, more or less, of all the bones.—Total 11.

The cases enumerated are the less severe form of spinal curvature; and the complete cure of one and relief of others, followed attention to the general exercise of the relaxed side, to position, &c.

Paralysis.—5 cases in which the left lower extremity only was affected; 1 of both lower extremities; 1 of right side and lower extremities; 2 partial of the lower extremities; 1 of the left upper extremity; 1 of the forearm (partial), perfect of deltoid and muscles of humerus and scapula; 1 of forearm and hand; 1 of extensors of forearm (from lead). —Total 13.

Paralysis with Contraction.—1 case affecting anterior muscles of the leg and extensors of the arm, slight contraction of the flexors (right); 1 of all extensors, with contraction of the left knee, and complete talipes equinus; similar tendency in the right arm and leg; 1 of both lower extremities, with talipes equinus in the right foot, calcaneo-valgus of the left.—Total 3.

Treatment.—In the treatment of paralysis the greatest possible benefit has been derived from the use of counter-irritants; attention to the heat of the limb, which is generally reduced, and the application of electro-magnetism; and where the contraction would not yield to the mechanical measurement, the section of the rigid muscles has been attended with relief of the deformity.

Spasmodic Contractions.—1 case in which the pronators and flexors of the right forearm, chiefly of the former, and spasm of the adductors and flexors of the foot, also slight impediment in the speech; 1 affecting the muscles of both the upper and lower extremities, the flexors predominating, also the muscles of the face and throat, rendering deglutition difficult; 1 affecting both upper and lower extremities, as in the former case, with the exception of the left foot, which presented complete talipes equino-valgus.

Miscellanea.—1 case in which the hand was contracted and pronated, with debility of the whole right side; 1 of contraction of the wrist-joint from injury of articulation; 1 of contraction of the left wrist, the palmaris longus and brevis being chiefly affected, the left foot being also similarly contracted; 1 of false anchylosis of the elbow; 1 of contracted wrist, from chronic inflammation of the joint; 2 affecting the wrist-joint, extension to straight line, in one of these the elbow was also contracted; 1 of partial anchylosis of the wrist from the flexor carpi radialis being bound down by a cicatrix; 2 of false anchylosis from contraction of all the tissues on the under surface of the great toe, the toe itself being immovable, causing great difficulty and pain in walking; 1 from chronic inflammation of knee-joint.

In the cases of spasmodic contraction the muscles most severely affected were divided, which reduced the spasmodic action, and the patients have been enabled to use their limbs. In the contraction of the wrist and elbow, the flexors have been divided with success.

I have selected the following cases of the more common deformities:—

TALIPES CALCANEO-VALGUS OF BOTH FEET.

E. Dean, ætat. 19 months, born with this deformity, severe in the right foot, slight in the left, the toes in the right being completely elevated, and almost touching the anterior surface of the lower portion of the tibia, the heel having fallen directly downwards, combined with great rigidity and contraction of the flexors of the foot.

April 5, 1841. The tendons of the following muscles were divided by puncture in the right foot: tibialis anticus, extensor proprius pollicis, peroneus tertius, extensor digitorum.

8. Extension was commenced, and continued until May 7, when the foot was considerably below the right angle.

Extension and manipulation without operation was now had recourse to in the left foot, and on the 15th of October the child was enabled to walk, and was discharged cured.

TALIPES VARUS.

M. Rose, ætat. 9 years, born with varus of both feet of highest grade, for which irons and mechanical treatment had been uninterruptedly had recourse to without benefit, the boy still walking on the outer and upper surface of the feet.

May 21, 1841. The tendo Achillis was divided in the right foot.

24. Instrument applied and continued until July 5, when, in consequence of the extreme rigidity, the division of the anterior and posterior tibial tendons and redivision of the tendo Achillis was unavoidable. On the 8th of July the instrument was reapplied, and extension maintained until August 6th, when the foot was completely flexed and abducted.

Aug. 2. The tendons of the following muscles in the left foot were divided by puncture: anterior and posterior tibial and gastrocnemii.

Extension, as in the right foot, was continued until September 26, when the boy was enabled to walk firmly on the soles of his feet, and without pain or inconvenience. Discharged cured.

Case 2.—E. Smith, ætat. 6, born with the most severe form of talipes varus in the left

oot; the child walked on the outer and upper surface; has been twice operated upon elsewhere within the last eighteen months, without having derived any benefit.

Jan. 13, 1842. The tibialis posticus and Achilles tendons were divided.

18. Extension was commenced and continued until April 10, when she was discharged cured.

TALIPES VALGUS.

F. Williams, ætat. 21: eighteen months since he experienced great weakness in the right foot and ankle, and inability to put the outer surface to the ground, the inner ankle bulging inwards, as he termed it, gradually increasing until the present time, walking almost on the inner ankle, the arch of the sole of the foot having quite disappeared.

May 14. The peronei tendons were divided by puncture.

24. Instrument applied, and adduction kept up until the 6th of June, when he was discharged cured.

TALIPES EQUINUS.

M. Barnes, ætat. 17, states when four months old, without any previous illness, a shortening was noticed in the right leg, and when she commenced walking she trod on the outer ankle, but by the assistance of irons she was enabled to walk on her toes, the heel being completely elevated; at present the foot is extended to its full extent, the heel being six inches from the ground. The pain and inconvenience in walking rendered her unable to proceed beyond a few steps without delay.

May 15. Section of the tendo Achillis and peronei tendons.

20. Instrument applied, and flexion maintained for two months, when the foot was completely restored, and by means of steel supports on the outside she is already enabled to walk without pain or inconvenience.

CONTRACTION OF THE HIP WITH SHORTENING.

E. E., ætat. 23, states that thirteen years since a gradual swelling, unaccompanied by pain, took place in the left hip, from a fall, which increased for two years, at which time it suppurated, and discharged by ten openings. The wounds continued to discharge for eighteen months, and from her own account she has scarcely less than a quart of discharge daily; it, however, ceased suddenly at that time, which she attributes to some external application. For three or four years afterwards she walked on crutches, the leg being shortened nine inches; it has, however, come down about two inches and a half. The thigh is completely adducted, the knee being drawn almost over its fellow.

May 30. The adductor longus and brevis, and a portion of the adductor magnus, were divided by puncture; slight hæmorrhage followed, which, however, was arrested by a compress and figure of 8 bandage. Four days after the operation, forcible abduction was had recourse to, and was repeated morning and evening, daily, for a period of three weeks, when she could abduct it at will. The prominence of the hip is considerably reduced; the leg is now never involuntarily in contact with its fellow; she can take steps now one foot freely after the other, which she could not do previous to the operation. The former pain in walking prevented her traversing even a short distance, from what she terms the leg being tight; whereas she can at present walk two or three miles without fatigue. The leg is apparently lengthened two inches, and she has free motion.

INWARD INCLINATION OF THE KNEES.

E. W., ætat. 6 years. Mother states she first noticed the knees knock together when the child was twelve months old, and which she attributes to "teething." The deformity has gradually increased, the feet being about twelve inches apart when the knees are placed in contact. The child has been unable to walk during the last twelve months, owing to the great increase of the deformity.

June 28. Section of the biceps flexor femoris of both legs. On the following day mechanical support applied.

July 5. Legs perfectly straight. Ordered upright support from the hip downwards, with which she was enabled to walk.

Amongst the most tedious and troublesome cases may be classed those of curvature of the tibia and femur, which generally arise either from deficient nourishment or mesenteric disease, as there is scarcely a case which presents itself that has not the large distended abdomen, the pale, sallow, unhealthy aspect, and general emaciation. By attention to diet, the administration of one of the preparations of iron as a tonic, and mercury with chalk, as an alterative, the general health has been restored; and by the application of well-adjusted pressure many of the most severe cases are entirely cured.

Respecting the causes of these deformities, the most frequently assigned to "congenital" are impressions or frights during pregnancy, but as this is a subject at present *sub judice*, I must decline giving an opinion; were I, however, to hazard it, I must confess it would not be favourable to the popular impression, but that the "contraction" arises from an irregular nervous action in the fœtus, independent of any mental impression of the mother.

The most frequent cause of "non-congenital deformity" appears to be the irritation consequent upon dentition; too much attention to children during dentition cannot, therefore, be paid, not only as a preventive

to deformity, but also that more serious disturbance of the nervous system producing hydrocephalus, to which so many fall victims.

Debility consequent upon eruptive fever is also a cause frequently assigned; and there can be no question that particular occupations favour one or more species of those enumerated—inward inclination of the knee, talipes valgus, &c. &c.

Many cases have arisen without any visible or assignable cause, the mother stating that the child was put to bed in perfect health, but on taking it up she found it had lost the power of one or more extremities; upon the partial recovery from which a club-foot, or contraction of one of the forms mentioned, was noticed.

I have had several present themselves of this nature on the onset in my private practice, and have found free purgatives and stimulant embrocations in the course of a few days restore the action of the paralysed muscles: I must be understood to allude only to those which have occurred within a very recent period.

Several of the cases of club-foot enumerated in this report have been previously operated upon without success, and it is to be regretted that this operation should be performed by those who have not time to follow up the *after-treatment*, as it will be admitted by all who have paid attention to the subject that upon the after-treatment the success necessarily depends.

ON THE

MEDICAL STATISTICS OF HASTINGS.

By James Mackness, M.D., Physician to the Hastings Dispensary.

The population of the borough of Hastings at the last census was upwards of 11,000. It enjoys one of the most genial climates in Britain, completely sheltered as it is by hills, and some of the highest land in Sussex. It is completely protected from the north and east winds, and only open to the south and south-west; its mean annual temperature is about 51° Fahr., but it is particularly characterised by the equality of its temperature during the winter and spring months; it is in a great measure also free from those cold and dense fogs which are the bane of the English climate; this arises in a great measure from the light and sandy character of its soil, absorbing all humidity; at the same time a smaller annual quantity of rain (28 inches) falls at Hastings than most other places on the southern coast, while the number of days on which rain falls during the six months of winter and spring are only sixty-three; from the superior altitude and more exposed situation of many of the buildings, the opportunity is also offered for invalids to select a more bracing or sheltered abode, as circumstances may require; possessing these natural advantages, Hastings has long been selected and celebrated as a resort for patients suffering from affections of the chest and tubercular disease in all its forms, but no facts have hitherto been collected to prove its salubrity, and only a vague general opinion has been formed that it is a healthy place; the state of medical science, however, demands more decisive evidence, for that able pathologist Louis has acknowledged that nearly every previous theory which he had formed upon the statistics of diseases, or the symptoms of disease, he found incorrect when put to the test of experience. Unless, therefore, the statistics of disease and death amongst the inhabitants of Hastings themselves will prove the superiority of its climate, every argument adduced in its favour can be of no avail.

In order, therefore, to ascertain how far the received opinion as to the health of the town was correct, I have carefully examined the books of the Hastings Dispensary during the twelve years it has been established, and classed those entries where the diseases had been registered according to the plan in the report of the registrar-general, whose first and second reports I have also used as comparisons. This collection comprises nearly 8000 cases of disease which have received medical and surgical treatment at this institution.

I have also taken advantage of and classified all the deaths from the registrar's book of deaths, which have occurred in the borough of Hastings from all causes during the four years the Registration Act has been in operation. From these united sources I am enabled to form some opinion as to the statistics of disease and death, and the prevalence or unfrequency of various diseases; also to make a comparison between the salubrity of Hastings and other places.

Only seven cases of typhus fever have occurred in the practice of the dispensary during the twelve years, and only six cases of death are registered as the result of this disease for the whole of Hastings. Whether these six deaths were caused by idiopathic typhus, or whether the patients were suffering from some other diseases which had reduced their strength, and thus rendered the body in a fit state for the supervention of typhoid symptoms, I am unable to learn; I should, however, think the latter supposition to be the most probable, considering the very few cases that have occurred in the dispensary practice.

DISEASE.	Cases which have occurred in 13 years' practice of the Hastings Dispensary.	Four years' registration of deaths from all causes in the Town of Hastings.
Epidemic and Contagious Diseases:		
Variola	102	21
Varicella	7	..
Rubeola	135	55
Scarlatina	122	38
Cynanche maligna	1	..
„ tonsillaris	78	..
„ trachealis	1	..
„ parotidea	6	..
Pertussis	83	24
Aphthæ	15	3
Diarrhœa	262	..
Dysentery	5	..
Cholera biliosa	2	1
Influenza	150	1
Erysipelas	53	..
Puerperal fever	1	..
Typhus „	7	6
Continued „	434	2
Remittent „	1	4
Miliary „	3	3
Intermittent „	183	1
Syphilis	59	..
	1710	187
Sporadic Diseases:—		
Nervous System.		
Cephalitis	8	7
Coup de soleil	1	..
Hydrocephalus	23	63
„ congenital	1	..
Convulsions	7	47
Apoplexia	11	33
Paralysis	31	5
Chorea	6	..
Epilepsy	43	3
Vertigo	29	..
Insanity	10	..
Idiotcy	1	..
Melancholia	6	..
Hysteria	98	..
Delirium tremens	1	1
	276	159
External Senses.		
Ophthalmia	199	..
„ purulenta	8	..
Amaurosis	4	..
Cataract	3	..
Iritis	15	..
Carried forward	229	..

External Senses.		
Brought forward	229	..
Ulcer on cornea	3	..
Opacity of cornea	4	..
Deafness	8	..
Aphonia	1	..
Otitis	1	..
Otorrhœa	1	..
	247	..
Organs of Respiration.		
Catarrhus et tussis	403	..
„ senilis	..	16
Laryngitis	1	..
Bronchitis	170	6
Pneumonia	124	55
Pleuritis	68	1
Pleurodynia	13	..
Hydrothorax	10	5
Pneumothorax	1	..
Hæmoptysis	17	2
Asthma	53	12
Dyspnœa	5	1
Phthisis (inhabitants of Hastings)	162	91
„ (strangers)	..	70
Nasal polypus	1	..
	1028	259
Organs of Circulation.		
Pericarditis	9	..
Carditis	8	..
Aneurism	6	..
Syncope	1	..
Angina pectoris	3	..
Phlebitis	1	2
Hypertrophy of left ventricle	3	..
Other diseases of heart	12	..
Varicose veins	10	..
	53	2
Organs of Digestion.		
Teething	15	19
Harelip	1	..
Stricture of œsophagus	2	..
Hæmatemesis	7	..
Salivation	5	..
Gastritis	16	2
Enteritis	42	11
Peritonitis	13	4
Tympanitis	1	..
Tabes mesenterica	45	27
Ascites	8	6
Constipation	287	..
Hæmorrhoids	29	..
Prolapsus ani	5	..
Warts	1	..
Hernia	276	6
Carried forward	753	75

Organs of Digestion.		
Brought forward.....	753	75
Colica pictonum	5	1
Colica et spasma.....	28	..
Dyspepsia	519	..
Gastrodynia.....	7	..
Pyrosis.....	19	..
Vermes	177	..
Diseases of stomach	2	2
Diseases of rectum.....	2	..
	1512	78
Liver and Spleen.		
Hepatitis	43	..
Icterus	18	..
Gall-stones	4	..
Diseases of liver	11	4
Splenitis.....	3	..
Other diseases of spleen	1	..
	80	4
Urinary Organs.		
Nephritis.....	2	..
Gravel and ischuria	31	1
Calculus.....	13	1
Strangury.....	3	..
Hæmaturia.....	3	..
Incontinence of urine.....	6	..
Catarrhus vesicæ	1	..
Gonorrhœa	13	..
Hydrocele	16	..
Varicocele	1	..
Hernia humoralis.....	17	..
Stricture of urethra.....	9	..
Diseased testicle.....	2	..
„ kidneys.....	9	..
„ bladder.....	2	1
	128	3
Organs of Generation.		
Childbed	..	6
Miscarriage	4	..
Phlegmasia dolens	1	..
Menorrhagia	50	1
Dysmenorrhœa.....	10	..
Amenorrhœa	133	..
Chlorosis	44	..
Leucorrhœa.....	20	..
Dropsy and tumour of ovary	4	..
Diseased ovary	4	..
„ uterus	19	1
Prolapsus	6	..
Polypus.....	2	..
Inflammation of breast.....	10	..
Paraphymosis	1	..
Orchitis	2	..
Diseased prostate.....	2	..
	312	8

Organs of Locomotion.		
Arthritis.....	33	..
Periostitis	8	..
Rheumatismus acutus	28	..
„ chronicus....	433	..
Diseases of joints.....	20	..
„ hip	4	..
White swelling	3	..
Caries.....	11	..
Necrosis.....	6	..
Spinal diseases	11	..
Exostosis	2	..
Lumbar abscess.....	11	1
	580	1
Skin & Integumentary System.		
Abscess	178	3
Ulcer	231	3
Fistula lachrymalis	3	..
„ ani.....	4	..
Whitlow.....	5	..
Diseased bursæ.....	2	..
Carbuncle	4	..
Phlegmon	37	..
Scabies.....	171	..
Lepra	12	..
Lichen, impetigo, and herpes	12	..
Porrigo.....	42	..
Psoriasis	36	..
Tinea	58	..
Sycosis menti	1	..
Other skin diseases	75	..
	871	6
Diseases of Uncertain Seat.		
Scorbutus.....	8	..
Hæmorrhagica	8	4
Epistaxis	1	..
Dropsy	73	19
Gangrene.....	4	4
Carcinoma.....	4	6
Fungus hæmatodes.....	1	..
Tumour	34	1
Scrofula	151	3
Bronchocele.....	8	..
Cachexia	15	..
Podagra.....	1	1
Debility	125	35
Neuralgia	38	..
Pain in head	69	..
Periodical headach	5	..
Malformation	3	..
Nævus	1	..
Accidents.....	350	9
Burns.....	19	6
Chilblains.....	3	..
Frostbite	2	..
Bite of adder.....	1	..
Intemperance	..	2
Suicide.....	..	3
Old age	..	65
	924	158
Grand total	7711	865

During the past year, although 1250 persons were admitted patients to this institution, not a single case of this fever was amongst them. According to the report of the registrar-general, the proportion of deaths arising from typhus fever in the whole kingdom is about one for every sixteen of those who die from other causes; the mortality of Hastings has been only six cases out of 865 deaths, or only in the proportion of one for every 144, so that this fatal and dreadful malady has been nine times less frequent at Hastings than the usual average in other parts of England. It will be seen by the table that upwards of 400 cases of simple continued fever have been under medical treatment at the dispensary during twelve years. It appears to me that one of the most fertile sources of this disease had its origin in, and was propagated by, imperfect drainage.

Formerly, an uncovered brook called "The Bourne" acted as the common sewer of a great part of the town, and although care was taken to wash out this brook frequently by means of a stream of water let in by a floodgate from a reservoir reserved for the purpose, yet the emanations arising from partially decomposed animal and vegetable matter in a densely populated neighbourhood were anything but conducive to the health of the inhabitants. The Bourne brook was covered over in the year 1834, since which period this disease has gradually decreased, and almost entirely disappeared; in the year 1840, there were only thirteen cases, and during the last year only three cases of this disease occurred in the dispensary practice.

Upwards of 150 cases of ague have also been under treatment at the dispensary since its establishment, and although a number of these cases came from the neighbouring villages, several of which are situated near the marshy districts where ague is prevalent, yet many of them occurred amongst the inhabitants of the town, and doubtless the principal source of this disease also may be attributed to the same influence as that alleged as the cause of continued fever; this is in some measure proved by the corresponding gradual diminution in the number of cases. During the last year, even with a much greater number of patients, only seven cases of ague were admitted. The town had no visit from that frightful and fatal disease, Asiatic cholera, when so many seaports suffered from its ravages, although the poverty of a very large part of the population of Hastings, their crowded dwellings, and poor diet of fish, upon which they principally subsist, are circumstances which especially rendered its inhabitants liable to such a visitation; and here I would remark, that in considering the statistics of a fishing town, that fishermen, although a hardy race, are more liable to diseases than many other classes of the community.

From a statistical memoir upon the influence of various professions on the health and mortality of mechanics and artisans in the prime of life, founded on the tables of the institution for sick mechanics at Wurtsburg in Germany, from 1786 to 1831 by Dr. C. H. Fuch, professor of medicine, and published at Berlin in 1835, the sickness and mortality of fishermen and sailors were found greater than among other trades. This is supposed to arise from the irregularities of their earnings not affording them at all times a proper supply of wholesome food, as well as from their continued exposure to cold, wet, and various accidents.

It is calculated that between a fifth and sixth part of the entire number of deaths in temperate climates arises from consumption. Dr. Slittuek, in the vital statistics of Boston, United States, says, sufficient facts are known to show that from one-fourth to one-seventh of all the deaths in the northern and middle states of America, and perhaps of the whole world, are caused by consumption. The annual returns of the registrar-general show that a fifth part of the mortality of England is caused by this disease. Sir James Clark considers that a sixth part of the deaths in Britain is decidedly caused by pulmonary consumption; and in Italy itself and the south of France, it is well known that the proportion of deaths from this cause is, if anything, greater than it is in England.

To ascertain, with any degree of certainty, the number of deaths which arise from this cause amongst the inhabitants of Hastings, it is absolutely necessary to inquire minutely into every individual case that may be registered as having occurred within the limits of the borough. Unless this inquiry is carefully made it is impossible to obtain a result at all approaching to truth, as from the great number of invalids of this description collected from all parts of the country, many of them in the last stage of consumption, it is only reasonable to expect that a large proportion of deaths from this disease will consist of those who have been injudiciously brought from a distance, many of them at a time when the disease was already hopeless, and who were sent hither to die. But even with this large addition to the numbers, the average of deaths from this cause is not greater than in other places, and when the inhabitants are carefully distinguished from strangers, a distinction which I have had the opportunity of making, that average is found to be so much smaller than the usual amount elsewhere, that it must at once satisfy every reflecting person of the suitableness of Hastings for consumptive patients.

During the four years the Registration Act has been in operation, the entire number

of deaths mentioned in the registrar's book as occurring at Hastings and St. Leonard's under the heads "Decline and Consumption," is 161 out of 865 deaths from all causes. Now, this is hardly one-fifth of the mortality, or scarcely so high as the usual average for the whole of England, as proved by the reports of the registrar-general. But of this number, 70 were entire strangers to the town, and came from a distance, and these being deducted from the 161, the balance left is only 91 deaths from this cause among the inhabitants themselves, or rather more than one for every nine from other causes, thus amounting to scarcely more than one-half of the usual mortality from consumption. But even the above numbers ought to be greatly lessened, as it is well-known that nurses, and that class of persons who generally certify the death to the registrar, are in the habit of calling every disease in which there is great wasting of the body a decline, and therefore a great part of the above ninety-one cases were assuredly not tubercular phthisis. Some, indeed, which came under my own observation were thus improperly classed. For instance, at one season of the year a great number of persons employed in the fishing make an annual excursion to Plymouth for several weeks to catch mackerel, during which period they are necessarily much exposed to the weather, and from this cause often have severe attacks of inflammation, at the same time being far from home and constantly employed, they seldom have proper medical treatment, and as a consequence they return home with disease already too far advanced for medicine to be of any avail. During the last year two fine fellows came under my care as physician to the Hastings Dispensary, precisely under the circumstances above named; one of them had had pleurisy, the other pneumonia; both cases were too far advanced for medicine to be of any service, and both gradually sunk from the effects of the disease, yet both these cases were entered as consumption, because they were chest affections, and they form a part of the ninety-one cases, although neither was really affected with tuberculous disease.

It may be alleged that all registered reports are open to the same objection, but the following is another and greater source of fallacy, viz., that a still more important class who, having resided several years at Hastings because suitable for their health, are considered as inhabitants, but who originally came from other places with a constitution highly predisposed already to tubercular disease. The climate may have its effect in prolonging their lives, but not in restoring their ruined health, and thus they also contribute to swell the list; so that were all the cases not tuberculous distinguished from those truly tuberculous, and were all who have not been born at Hastings separated from the native population, I am inclined to believe that consumption would be even less than one-half as prevalent amongst the inhabitants of Hastings as at other places.

The number of cases of hernia, 276, may, perhaps, appear large; most of these applicants were supplied with trusses; and it should be taken into consideration that fishermen wear out trusses very quickly, the springs becoming rusty from sea-water, and the men are constantly stooping and lifting heavy weights in their employment; and if we refer to the comparative frequency of hernia according to sex and age, and also relative to the population by F. Malgaign (Annales d'Hygiène Publique), [July, 1840, for Paris, taking the rich and poor at the age of 21,—

The poor .....1 out of 28
The middling classes ..1 out of 38
The rich.....1 out of 37

It was found also more rare among the mountainous or hilly districts than in those of the plain, and less frequent in towns than in the country; and if we take the male population of Hastings at 1000 who would apply at the dispensary for trusses, and allow a new truss every year for each case, it would be only one case of hernia for every thirty-three of this class of the population, or less than the average proportion of the poor at Paris. During the past year the only cases of much interest which have occurred in my own practice were a case of aneurism of the arch of the aorta, and the case of extensive disease of the brain, reported at page 117 of the present volume of THE LANCET.

CONTRACTION OF THE WRIST-JOINT,

ATTENDED WITH

PARALYSIS OF THE RIGHT SIDE,

OF MORE THAN NINETEEN YEARS' STANDING,

CURED BY DIVISION OF THE TENDON OF THE PALMARIS LONGUS.

To the Editor of THE LANCET.

SIR,—I trust the following case will be found worthy of a place in the pages of your Journal:—

James Plunkett, ætat. 20 years, a native of Castlebar, county Mayo, Ireland, now residing at No. 2, Green's-court, Little Pulteney-street, Golden-square, was, at the age of nine months, attacked with fits of such violence as to cause paralysis of the right side, including the face and tongue. The hair was observed to fall from off the right side of the head, leaving the scalp quite bare; the right superior extremity was contracted to such a degree as to bring the dor-

sum of the hand in contact with the posterior part of the crest of the ilium, where it was forcibly retained. However, by perseverance on the part of his aunt with friction and other remedies, the arm was restored to its proper position, and the use of the shoulder and elbow-joint partially recovered, but the wrist defied all efforts on the part of several medical men, who ultimately declared the case hopeless. The fits returned in his third, fifteenth, and eighteenth year, but not with such violence, and since that period he has not been troubled by them. On the 4th of March, 1842, he placed himself under my care, and on examination I found as follows:—

The right superior extremity affected with paralysis of a high degree; the patient could by considerable efforts partially rotate the shoulder-joint; he had no power of motion in the elbow-joint, but by holding the shoulder and forearm with both hands I was enabled to flex or extend the joint in a restricted manner. There was no motion whatsoever between the radius and ulna. The wrist-joint was considerably bent by the contraction of the flexor, and elongation of the extensor muscles; the palmar surface of the hand was drawn upward and inward towards the forearm, with which it formed an angle of 38 degrees; the external edge of hand was drawn laterally by the contraction of the flexor carpi ulnaris. The whole limb was totally insensible, even to the prick of a pin, or being violently pinched, and conveyed a cold, clammy sensation on being touched. In cold weather the hand assumed a livid bluish appearance. The lower extremity was slightly paralysed, as was also the tongue and right side of the face, which gave his features a peculiar expression not easily described. Finding that although the whole of the flexors were implicated, yet the flexor palmaris longus and flexor carpi ulnaris offered the greatest resistance on attempting to straighten the wrist, I determined to divide the palmaris longus first, and defer the other to a future period to see whether extension would have any effect on it.

On the 7th of March, assisted by R. R. Storks, Esq., and in the presence of Professor W. Fergusson, of King's College, and also in the presence of an eminent professor of the Faculty of Medicine of Paris, I performed the operation in the following manner:—Having placed the patient sitting on a chair, with his arm resting on a table, the wrist was extended as much as possible, in order to bring the tendon more prominent. I then passed a narrow-bladed straight knife on the radial side of the tendo palmaris longus, by directing its point downward and inward toward the ulna, so as to bring its cutting edge in contact with the posterior surface of the tendon; the handle of the knife was then depressed and the section instantly accomplished by a slight sawing motion. On withdrawing the knife a slight flow of blood took place (about two drachms) which was immediately checked by compression with the forefinger; a small piece of adhesive plaster was then applied to the wound (which was but three lines in extent) and the arm bandaged on a splint. Whilst dressing the hand I was exceedingly surprised to find a genial warmth and high degree of sensibility in the whole extremity, which was cold and insensible previous to the operation. On questioning the patient I found that he was conscious of the change which had taken place in the warmth of the limb; to use his own words, "during the operation I felt a sudden shock as if from electricity, rush up my arm to my head and neck, which made me sick and giddy. I then fancied that warm water was suddenly poured over my hand and arm; from that moment the warmth remained, and I could feel your fingers touching my hand."

On the 14th of March the hand formed a straight line with the arm; since that time it has continued improving, and he can now use the finger slightly, and I have no doubt that he will in a few weeks have the entire use of the hand.

This case I consider highly important in point of science, not so much from the deformity having been removed by dividing the tendon, as from the fact of his regaining the natural temperature and sensibility after more than nineteen years total paralysis, and this instantaneously. That this pleasing result was the effect of my unintentionally wounding the median nerve, I feel quite positive, for the sensation described by the patient is precisely that experienced on a nerve being wounded, and totally distinct from the pain produced by division of a tendon, which is a dull gnawing pain I have experienced both in several operations performed on myself for the cure of club-foot, and I can therefore speak with more certainty on this point.

I am not aware of any case on record bearing the least resemblance to the present one, or any where sensation has been instantaneously restored by any means whatsoever.

Local stimulation by galvanism, electricity, irritating lotions, &c., has been found beneficial in paralysis of the extremities; but in a great number of cases these remedies have failed. Now, I consider that where these and other remedies have been unsuccessful, that the result of Plunkett's case has given us strong grounds for inquiring whether the division of the subcutaneous branches of nerves would not be found beneficial by the powerful stimulation of the nervous system which this means would produce. I by no means dread any of the bad results generally supposed to follow a wound of any of the nerves. The only effect which I ever experienced from wounded nerves in my own person was a slight twitching sen-

sation, extending two or three inches on either side of the injured part, and this only when pressure was made on the part; and Plunkett's case exactly coincides with my own as regards the sensation just mentioned.

Trusting that the importance of this case will excuse its length, I remain, Sir, your very obedient servant,

JOHN D. EARLES.

Alfred-place, Bedford-square,
April 5, 1842.

ON SYMPATHY.

By MARK NOBLE BOWER, Esq.

Of all the terms in medical science there is none more frequently made use of than that of sympathy, and none the rationale of which is less understood; indeed, no explanation has hitherto been given of it which at all satisfactorily explains the manner of its acting. There is scarcely a disease falls under the consideration of the medical man but in his diagnosis he has occasion to refer to it, and thus to satisfy his own mind of the cause of the various phenomena which occur, although to one not content with a name alone, but disposed to investigate more deeply into the causes of symptoms, very little satisfaction is obtained. Thus, a person suffering from an accident is attacked by fever, the duration of which depends on the duration of the accident; this is called sympathetic or symptomatic fever; but although the name is correct, and properly expresses the species of fever, yet in reality it offers no clue to the cause.

A patient consults a surgeon with violent pain and swelling in the ball of the great toe, accompanied with febrile symptoms; a dose of calomel is given, and the pain and inflammation subside. We know that the calomel acts on the secretion from the liver, and we observe that the evacuations which follow its exhibition are dark and offensive; we also feel convinced, from having observed the same effects result in former instances, that the pain and swelling will subside, but we have not arrived nearer the cause than before. Again, a patient suffers from acute pain in the ulnar nerve, causing numbness of the little finger, with little or no disturbance of the general health; the same remedy as in the former instance removes the numbness and effects a cure. In these cases, and in others of a similar kind, we say that the nervous system sympathises with the organs of digestion, but beyond this we have not penetrated, and yet how vague and unsatisfactory is the attempt at explanation.

The instances which may be adduced of a sympathetic connection between different organs and functions are innumerable, and familiar to every medical man: suffice it to mention those between the uterus and breast, the stomach and head, the lungs and skin, the liver, and almost all parts of the body, the kidney and testicles, &c. Frequently, however, what is called sympathy may be explained; but it is only where the term is improperly applied, as, for instance, in gonorrhœa, where we find swelling of the testicle; or in dropsy of the extremities, accompanying diseased liver, or occurring during the period of childbearing. Thus, mere extension of the inflammation along the vasa deferentia accounts for the first, and mechanical pressure of the liver, or head of the child on the veins, the others. Numerous illustrations of a similar kind, and admitting of similar elucidation, might be mentioned, but as brevity is desirable, I limit myself to the above. It may be said, if sufficient is known of the nature of sympathy to enable us to apply remedies, why seek farther? But such reasoning is unworthy of science, and is in truth injurious, as upon the knowledge of this subject depends the successful or unsuccessful treatment of the case.

We find that feelings or sensations in agreement or accordance exist in individuals differing in every other part of their dispositions, which feelings, unknown till elicited by the same particular occurrence, then respond. On striking certain notes on a musical instrument others simultaneously resound, showing that an accordance, or similar state of vibration, is present; and, although we cannot say that such sympathy of feeling or action exists in the inorganic kingdom, yet doubtless something very similar does. Certain substances are attracted by others, and, although totally distinct in structure, are affected by the same causes, constituting what is called in chemistry affinity. As I have observed, this, though not similar to what takes place in the organic world, may assist us in endeavouring to find an explanation for the similarity of action between totally different parts of the body. If a disordered state of the digestive organs exists, some portion of the body, totally distinct in structure, and removed in situation, is affected; and, generally speaking, the same state of the digestive organs at all times produces similar affections of the remote organ in the same individual: thus, we may correctly anticipate pain in the head and sickness after a surfeit of food in one; in another, pain in the nerves of the face and toothach; and in others, affections of different organs, as the bladder, the lungs, or, in fact, any part of the body, all produced by the same disordered state of the digestive apparatus, but probably differing more or less in degree and nature, according to the nature of the part and according to the temperament of the individual. It is not possible to say that the organ affected is similar in structure, or supplied by the same nerves; indeed, we know to the contrary; but we may suppose that nerves of

the same class, and in the same state of vitality and intensity do supply it, and are, therefore, liable to be acted on by the same causes. Some authors have offered an explanation on this mysterious subject, by referring it to the influence which the mind exerts over the body; but such is not the case, since the same results ensue in individuals of imbecile minds. Others have referred for explanation to the sensorium; others to the ganglionic or sympathetic system of nerves; others to the common nerves of sensation, &c.; each author selecting some different organ, but each failing in satisfactorily explaining the subject. As a true knowledge of the cause of sympathy is of great importance, both in ascertaining and in treating disease, these remarks may not appear uncalled for, and if they should succeed in awakening the attention of the profession, and in causing some individual more capable than myself to apply his mind to the investigation of this obscure part of medical science, I shall not consider them written in vain.

Hatton Garden, April, 1842.

MEMOIRS OF DE CANDOLLE, MR. POWELL, AND DR. YELLOLY.

From the Anniversary Address at the Meeting of the Royal Medical and Chirurgical Society,

Delivered by Dr. Williams, March 1, 1842.

Augustin Pyramus De Candolle was long celebrated throughout Europe as an observant, philosophical, and learned botanist, and as an accurate and diligent writer on almost every branch of botanical science. He was born at Geneva February 4, 1778, a year remarkable for the death of Linnæus, the father of modern botany. When seven years of age he had an attack of hydrocephalus, from which dangerous disease he entirely recovered. In his youth he was remarkable for a great facility in writing French and Latin verses, and at a period somewhat later the summit of his ambition was to be a great historian. These dreams of his early youth were, however, effaced by a short residence in the country, where he amused himself not only with examining but also with writing a description of the plants in the neighbourhood, and this before he had even opened a single book on botany. This new study captivated his affection, poetry and history were forgotten, and botany became from this moment the dominant pursuit of his life. The exact means by which he attained the eminence he ultimately reached are not determined, but his first step was to attend the lectures of Professor Vaucher, of Geneva, on botany, in 1794; then of Fourcroy, of Vauquelin, and of Cuvier, in 1795, in Paris; and also others on medicine in Paris, in 1796; a course of study which tended to enlarge his views of the physiology of organised beings, and contributed greatly to the success with which he afterwards cultivated the science of botany.

He appears to have entered public life at the early age of twenty-six, when he gave a course of lectures on vegetable physiology at the Collège de France in 1804. In 1810 a botanical chair was purposely created for him at Montpellier, and which he continued to fill till 1816. In the course of his illustrious career he received the honourable employment of collecting for the French Government information on the botany and state of agriculture throughout the whole French empire, the limits of which at that time extended from Hamburg in the north, to Rome in the south, a post he continued to fill till the adverse tide of war caused the downfall of Napoleon, and a change in the dynasty of France. At a later period his great celebrity induced the East India Company to have recourse to his pen for a description of their plants. When, however, Switzerland was, in 1816, again raised by the allied powers to an independent state, he determined to leave Montpellier, and to return to his native city, where a chair of natural history was once more created for him, and here he continued to lecture till the time of his death, which took place September 9, 1841, in the 64th year of his age.

As a physician, De Candolle is little known; as a botanist, he is the first the age has produced, and to the elucidation of this science he devoted not only his great talents, but made every other science subservient; his works are numerous, and he contemplated many others, but his declining health warned him of the adage appropriated, indeed, to medicine, but applicable to every science, that life is short and art long. The principal of his works are the "Systema Universale Regni Vegetabilis" and the "Physiologie Vegetale." In the first he undertook the prodigious task of publishing a full account of all known vegetables. After, however, two volumes had appeared, he was induced, at the request of botanists, to postpone the continuation of this vast enterprise, in order to furnish them with a synopsis containing only brief characters of orders, genera, and species. This he did under the title of "Prodromus Systematatis Naturalis Regni Vegetabilis," of which he lived to accomplish the greater portion, in seven volumes octavo. His "Physiologie Vegetale," his next great work, is a most valuable compilation, as exhibiting a clear and explicit detail of all the discoveries of this portion of botanical science, and also as being a sufficient exposition of the various hypotheses by which botanists have attempted to account for the

phenomena of vegetation. His principal contribution to this branch of science appears to have been the demonstration of Burgman's theory, that a succession of similar plants cease to flourish on the same soil, not because the soil is exhausted, but because every plant exudes an excrementitious matter destructive to the same species, though perfectly harmless to one of a different class. This work is an instance of the unwearied labour with which he sought to advance his favourite pursuit, for he tells us that he recomposed and rewrote it no less than four different times.

In an estimation of De Candolle as a botanist, must be mentioned his efforts to widen the foundations of medical botany, by attempting to show that similarity of structure necessarily implied similarity of properties; as also that he greatly advanced the system commonly called *natural*, founded on a comparison of all the parts of plants, in preference to that called *artificial*, grounded on a few facts only, and which Linnæus considered, at least in his own time, to be the most attainable and convenient. These are some of the monuments he has left us of his comprehensive and accurate knowledge of the science he professed, and which must for ever associate his name with those of Ray, of Linnæus, and of Jussieu.

As a lecturer, he possessed, in an eminent degree, the power of imparting to his auditors the enthusiasm which flowed in his own bosom for the pursuits of natural history, and he was eminently successful in affecting his great aim, which was to diffuse a knowledge of botany among all ranks. Mrs. Marcet, so excellent a judge of what is popular and amusing, attended one of the two courses which he gave on agricultural botany in the year 1828, and was so satisfied that the matter must arrest and enchain even youthful attention, that she made it the basis of her "Conversations on Botany," published in 1829; a work which has been through many editions in this country, and likewise been translated into French. Another instance of his popularity and of the enthusiasm he inspired for his favourite science is, that desirous of procuring for Geneva a copy of the "Flora Mexico" which was deposited with him for a few days only, he was enabled, with the assistance of amateurs who volunteered their services, to finish in a week more than a thousand drawings.

The tastes of De Candolle were not limited merely to botany, for he took a deep interest in the fine arts, and he seems also to have been well versed in political economy, advocating the necessity of public instruction, and of the diffusion of education, as well as the immense advantages which would accrue to society from an unrestricted freedom of commerce. Such was De Candolle, a man whose incessant labours have obtained for him not only celebrity in this country, but a lasting fame throughout Europe. As a philosopher, however, he is less remarkable for original views than for leaving the trodden paths and contenting himself with carrying out and extending views he considered better adapted to the present advanced state of science; but these views had been shadowed out by those greater masters that had preceded him.

Mr. Powell was educated at St. Thomas's Hospital under Mr. Cline and Sir Astley, then Mr. Cooper, and received his diploma in 1804 from the Royal College of Surgeons. He then made a voyage to the East Indies and back as surgeon to a vessel belonging to that company. On his return he entered the Royal Artillery, and in this capacity he was quartered near Dublin, having the charge of an hospital. He was now ordered to the West Indies, where he remained four years, and was present at the siege and capture of Martinique; his last service was with the allied armies in Flanders, where, as full surgeon, he was present at the battles of Quatre Bras and of Waterloo, and afterwards remained for two years with the army of occupation in France, having charge, first, of the hospital at Mons, and, subsequently, of that at Valenciennes. On the army being withdrawn he was placed on half-pay, when he entered practice in London in 1818, and was for some years surgeon to the parish of St. Clement's. In that capacity many cases of interest came under his notice, one of which has been recorded in the twelfth volume of the "Transactions" of our society, and was the rupture of the uterus followed by the recovery of the patient: another case was fracture of the neck of the thigh-bone external to the capsule, with bony union, and is published in Sir Astley Cooper's work on Dislocations and Fractures.

Mr. Powell became a member of this society in 1819, and in 1828 had the honour of serving on the council. He has fallen respected for his professional talents, beloved for his unassuming manners, and esteemed for his honourable character.

Dr. John Yelloly was born at Alnwick, in Northumberland, on the 30th April, 1774, and was the youngest of seven children, all of whom, except himself, died in early childhood. He lost his father when very young, and was chiefly brought up by his widowed mother, whose maiden name was Davison, descended in the female line from an ancient family possessed of considerable property in the vale of Whittingham, near Alnwick. He received the rudiments of his education at the grammar-school of his native city, whence he proceeded to Edinburgh, and took his degree of M.D. in that university, in the year 1799. As about this time he lost his mother, he took the resolu-

tion of settling in London, which he did in the year 1800.

His first public appointment was that of physician to the Aldersgate-street Dispensary, and shortly after, or in the year 1807, he was appointed physician to the London Hospital, which office he retained till the year 1818, when the health of his numerous family making a continued residence in the country desirable, he, blessed with an ample and independent fortune, removed from the metropolis to Carrow Abbey, near Norwich, and in the year 1820 was appointed physician to the Norfolk and Norwich Hospital. In the year 1832 he retired from practice, and went to reside at Woodton-Hall, in Norfolk, still amusing his leisure hours by scientific researches, by frequent visits to Norwich and to London, and by attending the meetings of the British Association.

In the year 1806 Dr. Yelloly had the happiness of marrying a most amiable and excellent lady, a Miss Tyssen, one of the two surviving children of the late Samuel Tyssen, Esq., F.A.S., of Narborough-Hall, Norfolk, and by whom he had ten children. Surrounded by this numerous family his domestic happiness was complete and unimpaired till September, 1836, when he had the misfortune to lose his third son, a most amiable and interesting young man; and in June, 1838, he had the still greater and more poignant grief to lose two beloved daughters on successive days. These domestic afflictions, together with the delicate health of a third daughter, determined him to seek with his family a temporary residence at Hastings, and in the following winter at Dawlish; but neither change of air nor his tenderest care could ward off a further blow which awaited him, and he had the bitter sorrow to witness in January, 1840, the death of this fourth child, rendered doubly dear to him by his former losses.

In April of the same year, and only three days after the marriage of another daughter, he was thrown from his phaeton, and received an injury on the forehead, which was followed on the fifteenth day by paralysis of the right side. From this attack he never thoroughly recovered, but was well enough in the July following to take up his abode at Cavendish-Hall, Suffolk, where he gradually regained strength, so that he was enabled to make a visit to London in September, 1841. On the 28th of January, 1842, however, when being driven out in his pony-chaise, he was again suddenly seized with paralysis, but now of the left side, and was brought home speechless, and almost insensible. He never rallied, but expired on Monday, 31st of January, 1842, surrounded by his afflicted family, fondly endeared to him by his exemplary conduct as a father, a husband, and a friend.

The professional attainments of Dr. Yelloly were of a high order, and the papers he contributed to the Transactions of the society show him to have been a good anatomist, and to have taken much interest in physiological as well as in pathological pursuits. His first contribution was a case of paralysis of the right side (a singular premonition of his own fate) with palsy of the abductor muscle, so that the eye was drawn inwards. These symptoms were accompanied with double vision, slight stammering, distention of the mouth, and towards the close with convulsions of the whole body. The pathological cause was an imperfectly suppurating tumour, about the size of a nut, seated on the posterior part of the left side of the tuberculum annulare, extending to the corpus pyramidale, and entirely obscuring the left abducens nerve. This led him to enter on the difficult question of the point of decussation of the nervous influence, and in elucidation of this subject he induced Sir Astley Cooper to divide one of the columns of the spinal cord in a lady's dog. The palsy which followed was on the same side, and he considers this experiment to be the first modern *proof* since the days of Galen of the nervous actions of the cord being direct.

Another of his papers had equally reference to the pathology of the nervous system, and contained a case of anastheria without loss of motion, and so complete, that the patient put one of his legs into boiling water, and was not otherwise sensible of it than by seeing the whole surface one complete blister.

His last paper published in our Transactions was in November, 1835, and its object was the investigation of the vascular appearances of serous and mucous membranes, showing that vascular fulness in the villous coat of the stomach is by no means inconsistent with a state of health, and is not to be regarded as an unequivocal sign of disease, or of inflammatory action. These papers were important at the time they were published, and were the harbingers of those more brilliant discoveries which have since honoured and adorned both the English and French schools of medicine.

The character of Dr. Yelloly, however, is endeared to this society, beyond his professional merits, by his having in the year 1805, in conjunction with his highly-talented friend Dr. Marcet, formed a plan for the establishment of a society embracing every branch of the medical profession, and to be conducted by such changes in its governing body as should ensure its continuance on high and independent principles. Applications were consequently made to most of the leading physicians, surgeons, and general practitioners in London, and the beneficial prospects of such a society for the promotion, advancement, and encouragement of medical science being highly approved of, we find the distinguished names of Mr. Abernethy, Dr. Babington, Dr. Baillie, Sir Gilbert Blane,

Sir William Blizard, Mr. Cline, Sir Astley Cooper, Sir Walter Farquhar, Sir Henry Halford, and Dr. Jenner, enrolled among its earliest members.

This was the commencement of the Royal Medical and Chirurgical Society. Dr. Saunders was its first president; Dr. Marcet its first foreign secretary; and Mr. Charles Aikin and Dr. Yelloly its first English secretaries. As the foundation of this society was mainly due to Dr. Yelloly, so its prosperity was always a subject of the deepest interest to him, and he often in merriment called it his "eldest son," and continued till his death to pay, through a non-resident, his annual subscription of three guineas. He took much personal trouble in procuring our charter, and was greatly instrumental in removing many difficulties which impeded our obtaining this object. The formation of the library, also, is principally owing to his exertions. He used for the basis of it the catalogue of the Edinburgh Medical Society, a small volume which for many years he had always lying on his table. Thus employed, it has become a relic of much interest; and this, together with a classified copy of our own catalogue, he has bequeathed to the Royal Medical Society. These tokens of his regard and affection I am sure you will thankfully accept; and at the same time I am satisfied you will recompense his many and long services by honouring his memory with such testimony of your sorrow and regret as has at any time been paid to the most illustrious of our deceased members.

Such is the brief outline which I am alone enabled to give you of this estimable gentleman and distinguished physician, who will long be remembered by the public, both for his honourable career as well as for the useful services he rendered to the various institutions with which he was connected, by the profession for his great talents, and by the members of this society, as being not only its founder, but also its liberal, untiring, and firmest friend, and whose last aspiration to heaven may be said to have been that it might be permanent and extended.

OPINIONS
OF
SOME PHRENOLOGISTS ON PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—I have never seen the slightest advantage result from prolonging a controversy beyond the *first* statement of objections by the one party, the *first* rejoinder to those objections by the other. The object of the present note, therefore, is not to prosecute a discussion, with the results of which, so far as it has gone, I am fully satisfied; but simply to deal with a matter of fact, by substantiating a statement of mine (of the accuracy of which Mr. Davey seems to entertain doubts) to the effect, that the highest authorities in physiology are demurrers to phrenology as propounded by Gall, Spurzheim, and Mr. Sampson; although possibly, like myself, by no means sceptical as to the existence of a general, and as yet almost entirely undefined, relation between the mind and brain.

I am certain that all your readers who are unaware of the existence of the following passage will thank me for transcribing it. I need not say how gratifying it is to me to be able to quote authorities so eminent in corroboration of my views, as to the still extremely limited and partial credence which, on philosophical grounds, we are warranted in conceding to phrenology, as expounded by Mr. Sampson, and as to the propriety of our still regarding it as an "unestablished theory."

"It is probable," writes Müller, "that there is in the brain a certain part or element set apart for the affections, the excitement of which causes every idea to acquire the intensity of emotion, and which, when active, gives the simplest thought, even in dreams, the character of passion; *but the existence of such a part or element cannot be strictly proved, nor its locality demonstrated.* Still less can it be shown that, independent of such an element of the mind, the particular tendencies of the thoughts and passions *have their special seat in distinct districts of the hemispheres.* This view, advocated by Gall, which forms the groundwork of the doctrine of cranioscopy, or phrenology, does not, it is true, involve any impossibility, *but there are no facts, calculated in the slightest measure, to prove the correctness of the hypothesis generally, or of the details of the doctrine founded on it.* No part of the brain can be distinctly pointed out as the seat of memory, imagination, &c. Memory may be lost as a consequence of lesion of the hemispheres at any part of the periphery; and the same is the case with regard to all the principal faculties or tendencies of the mind. *On the other hand, with regard to the 'faculties' set down by Gall, a part of which are totally unpsychological, we may at once exclude from the forum of scientific researches these arbitrary dogmas, which can never be proved.*"

"With regard to the principle, its possibility cannot, *à priori*, be denied; but experience shows that the system of organs proposed by Gall has no foundation, and the histories of injuries of the head are directly opposed to the existence of special regions of the brain, destined for particular mental faculties."

"*Magendie is very right in placing cranioscopy in the same category with astrology and alchemy.*"—Baly's Müller's Physiology, pp. 837-8.

Candour compels me to state that I regard

this comparison as unfair. Had it been made with physiognomy, it would have been more just and more accurate.

Dr. Carpenter, in his lectures on the nervous system, advances some subtle physiological objections to popular phrenology. He laments the ignorance too frequently manifested by phrenologists of physiology, of which ignorance Mr. Combe's idea, that one part of the brain *peculiarly* may be the site of vivid movements, and Mr. Sampson's apparent abetting of Mr. Combe in that fancy, are striking and conclusive examples. Dr. Carpenter, moreover, quotes Dr. Holland as administering a reproving caution to phrenologists.

In thus adducing the authorities now quoted, I have vindicated my statement, that the most distinguished physiologists in Europe hold reserved opinions in regard to the popular phrenology of Mr. Sampson. As I observed, in the beginning of this communication, I must decline the useless and interminable task of noticing that gentleman's misapprehensions and most serious, though I doubt not involuntary, misstatements of my views and arguments. I must presume he has not comprehended, since he has never attempted to answer my principal argument against his theory of the applicability of phrenology to jurisprudence, and the proposal to treat all crime simply as disease. I have nothing to retract or modify in regard to my account of the case of Mr. Combe.* My having given in your pages the account in Mr. Combe's own words (though from the article not having been included in the list of articles printed on your cover it may have escaped Mr. Sampson's notice), is a sufficient proof of my willingness to allow your readers to judge for themselves, whether I had misrepresented Mr. Combe. Mr. Sampson's pertinacious defence of that gentleman, based, as I hope it is, on ignorance rather than disingenuousness, yet surprises and pains me. The agreeable and gentlemanly tone of Mr. Davey's last letter makes me feel some regret in being obliged to inform him that I am still unconvinced by his arguments. I have only to add, that this discussion, so far as I am concerned, terminates here. I am, Sir, your obedient and obliged servant,

ROBERT DICK, M.D.

London, May, 1842.

* Mr. Sampson, in one of his letters, accuses me of culpable carelessness. I have to charge him, and on better grounds, with the same fault. He persists in accusing me of asserting that Mr. Combe believed the movements of the brain, which he describes to be *literally* muscular. Mr. Sampson seems to be unaware of the distinction between the words "analogous" and "identical." I must also inform him that the relative pronoun "which," that occurs in the tenth last line of my paper of Feb. 18, does, by the legitimate rules of English grammar, refer to the antecedent "resemblance," as well as to "muscular action;" and that accordingly (as I do not think Mr. Combe a fool) it was to the former of these antecedents that the word "which" was *meant* by me to apply. I have taken the trouble to enter into this explanation, in the hope of inducing Mr. S. to be less culpably rash in his asseverations for the future.

ON THE

INFUSUM ROSÆ COMPOSITUM

By G. F. COLLIER, M.D.

ALTHOUGH for many years, and from the first introduction of quinine as an article of medicine, the infusion of roses has been the common solvent used by practitioners, it is no less true (as Professor Donovan and others have recorded) that the tannic acid of the French rose decomposes the disulphate of quina, and precipitates an insoluble tannate. Furthermore, one thousand grains of the petals of the French rose contain four grains of oxide of iron. I understand that it has been proposed to prepare the infusion of roses so as to exclude the tannic acid; and the infusion so prepared is certainly a better solvent of the salt of quinine. Various specimens have been submitted to me, from which the tannic acid had been excluded. But if the object of the menstruum be merely to retain a colour and odour, the disulphate of quina might as well be dissolved in water with acid as an intermode, and coloured with syrupus rhæados. I say then that the proposition, elsewhere deliberately made before a learned body as a pharmaceutical improvement, cannot be entertained, because the tannic acid and the trace of iron are the chief remedial principles of the French rose, and deprived of these the infusion is a mere colouring matter. In fact, it is an ingenious process for emasculating the remedy of what little virtue it possesses. In briefly recording my opinion of this mischievous innovation (which shows how necessary it is that the pharmaceutist should be regulated by those who have a knowledge of the remedial application of drugs), I will take occasion to add, that some of the foreign quinine in the market contains no small portion of insoluble cinchonine, and other impurities, and that the menstruum suggested in a formula of mine some time ago will suffice for its detection; forming with it an opake cloudy mixture, instead of a clear brilliant solution.

OLD MEDICAL BOOKS.

To the Editor of THE LANCET.

SIR,—The successful career of the "Parker" and "Camden" societies, and the *large* number of curious and interesting

works which the *small* annual payment of one guinea has enabled each society to print and distribute amongst its members, has suggested to me that a society formed on similar principles for the republication of scarce and valuable medical works, many of which are only to be met with in extensive medical libraries, and are not accessible to the majority of practitioners, would meet with support from medical men. Each member of the "Parker" Society receives in return for his guinea four thick octavo volumes of standard divinity; and of course the same amount of subscriptions to a medical society of similar character would reproduce an equal number of medical works. Those individuals who cannot afford to indulge in the expensive luxuries of medical literature, or whose laborious duties leave no time for the search after scarce editions of works of real value, might thus have their literary taste cheaply and amply gratified. If you think this subject worthy of attention, perhaps you will insert these brief remarks in your widely-circulated periodical, in the hope that the suggestion thus offered may induce the influential members of our profession to come forward and establish so desirable a society. To mention the authors whose works might be reprinted with advantage to the profession, would at this stage be somewhat premature; this must be left to a judicious committee: but I cannot resist the temptation of saying, that should the seed sown by this letter take root and bear fruit, no name can be given to the society more appropriate than that of the great discoverer of the circulation, the immortal Harvey. I am, Sir, your obedient servant,

FERGUSON BRANSON.

Sheffield, April 26, 1842.

*** We had rather that our correspondent had named some more of the generally inaccessible and valuable works that can fairly be considered worth reprinting. The literary societies which he has named consist of antiquarians. Now antiquarians—no offence to the craft—are gentlemen whose business it is to remember what everybody else may forget, and to pass by everything that others should stop and observe. They wear eyes in their polls, in order to see backwards; but men of science require those organs forward, that whoever retrogrades *they* may advance. If there be one class of men to whom the ancient history of their profession is next to useless, however interesting, it is the medical. No new great step will be made in medicine until it is effected by chemistry. What dusty volume that is "out of print" will help us in this department of the art?

THE LANCET.

London, Saturday, May 7, 1842.

NOTWITHSTANDING the progress of the Income-Tax through the House of Commons, and the certainty that its inequalities will be preserved intact, we consider it our duty to continue the discussion, and to recur to it until the medical profession shall cease to be taxed twice as much as the capitalists and landowners, who happen to have an ascendancy in the Legislature.

The question has not been brought very fairly forward in the House, but we shall briefly notice, in the discussion raised by Mr. ROEBUCK on schedule D, some of the arguments adduced to prop up injustice and false doctrine.

Light, which "comes to all," finds its way ultimately to the majorities of the House of Commons, notwithstanding the great ingenuity of the gentlemen who employ themselves in excluding it by painting and darkening the windows, or persuading honourable members to shut their eyes. Everybody out of Parliament understands that an income is the surplus of receipts after subtracting the loss, but a majority of the House was very near deciding that a man should be taxed for his receipts without deduction of his losses, if they were incurred in a business classed artificially in the Bill, under another schedule. Everybody out of Parliament knows that a "short terminable annuity" (in other words, a sum to be paid annually for one, or five, or twenty years,) is worth less than an interminable annuity, and that the two can only be taxed equally by reducing them to their "present money value;" yet a majority of the House of Commons has decided that all annuities are to be taxed sevenpence in the pound! This is robbery! Interest of money being 3 per cent. you have bought an annuity of 1000*l.* a-year, to run *three years*, for 2829*l.*—the Income-Tax will take 29*l.* 3*s.* of it annually.

Another person has put the sum of 2829*l.* out to interest; at the same rate the Income-Tax will take from him 2*l.* 10*s.* annually. The purchaser of the short annuity is robbed of a large sum every year. In the latter case 3 per cent. of the *interest* is taken, in the former 3 per cent. of the *interest and capital* is taken by the tax. By reducing the income to *property*, which could be instantly done, the two parties would be taxed to the same amount, or in the exact ratio of their property. The same reasoning precisely will apply to trade and professional incomes which run for life. It was said in defiance of arithmetic, and in defence of the injustice of an uniform tax on annuities and life incomes, that the injustice would be removed by perpetuating the tax!

To make the tax a "property" tax, as it is erroneously called in its present crude shape, all property not derived from money should have been distributed, after inquiry by qualified commissioners, into classes, and all incomes should have been reduced to a *present money value*, on which the tax should have been charged. Land, houses, ships, stock, might have been valued, as they are for the poor-rate: the gains of commerce, of trade, and professions (the three last being less than life annuities), would have formed separate heads, the incomes derived from which might, as a general rule, have been treated as life annuities. This would have been a near approximation to an equitable property-tax. But what was the argument of the CHANCELLOR of the EXCHEQUER?—"All indirect taxes are more unequal in "their pressure than an income-tax; on all "occasions of taxation we can only obtain "an approximation to justice; *therefore* we "will make the possessors of life incomes "(the medical practitioner) pay what we "know is *twice* as much on his income re-"duced to property, as the landholder." In opposition to the honourable member for the University of Cambridge, we humbly submit that according to the rules of logic taught there, and his own sense of right, the "therefore" of his statement should have been followed by "We will, in imposing a "new tax, make its pressure as equal as we "can, and commit injustice in as few cases "as is practicable in a general measure." The straits to which the honourable gentleman was driven are still more apparent in another argument, which we give in his own words. He admitted that incomes derived from land were more certain than those derived from professions, trade, or mercantile pursuits:—

"But the man of great mercantile capital, one who had inherited capital, reputation, and business, along with habits of business, which insured to him a sufficient return for the *labour he gave*—take some of the old banking establishments of London: some of the first establishments of that character in London had descended from generation to generation, partly acquired through their own industry, partly through the names and characters they inherited, and yet what would be the operation of the proposition of the hon. and learned gentleman? Why he would charge the humble individual who was then addressing the house sevenpence upon a comparatively small income, while he would go to the old, well-established, and rich bankers, the Childs, the Snows, and the Hoares, and charge them only threepence-halfpenny upon their large incomes."

This is a strong argument for a sliding scale, which the hon. member, however, repudiates, but it goes no further; and in fairness he should have compared averages—or the maxima of one class with the maxima of another—the HOARES, CHILDS, SNOWS, with the BUCCLEUCHS, WESTMINSTERS, DEVONSHIRES, SUTHERLANDS; the humble landholder with the humble banker, &c. If the profits of banking or any other establishments are, like the rent of land, equivalent to a perpetual annuity (which we do not believe is the case) it would be quite in conformity with just principles to tax them as perpetuities: it should, however, be recollected that the incomes derived from all professions, unlike those from land, are the returns of labour—of enterprise—and subject to great risks; which, taken altogether, reduce them really to a less value than life annuities. The CHANCELLOR of the EXCHEQUER finished by summing up all the force and fallacy of the arguments on his side, in a single sen-

tence. "The *means of enjoyment* of a trader, "or of a landowner enjoying the same in- "come *were the same*, and as they professed "to tax *income, or the means of enjoyment*, "the tax upon both ought to be equal!!" The fallacy consists in the confusion of "income" with the "means of enjoyment;" the CHANCELLOR of the EXCHEQUER would perceive it instantly if he were asked to change places with a surgeon who earned an income equal to the rents of his land. If he consider "income" equivalent to "means of enjoyment," he will thank us for reminding him that at the age of fifty he can convert 10,000*l.* a-year derived from land into an income of 25,000*l.* a-year for life, by purchasing annuities.

The speeches and statements in the debate are altogether curious, and strongly recal to mind the observation of Mr. CANNING, that he could prove anything with figures in the House of Commons. Statements which appear arrant nonsense out of doors are listened to, nay, applauded, by majorities there; and the debates on the Income-Tax demonstrate clearly that a man with half the wit of SHERIDAN, who improvisated Greek, and half the talent of CANNING, might state the reverse of every proposition in EUCLID, without being corrected by any of the senior wranglers (and there are several) among the members.

Mr. LABOUCHERE's speech was a prattling stream of shallow words, and fairly laid him open to the imputation—that he wished the Conservative Bill to go forth to the country in the most imperfect, unjust, and oppressive form. The learned ex-President of the Board of Trade quoted Mr. PITT, to prove that life-incomes were equal in value to incomes derived from money in the funds: he might with equal propriety have quoted Mr. PITT to prove that four times four were forty.

Sir ROBERT PEEL and Lord JOHN RUSSELL evidently understand the subject now much better than they did; they both recognised the fact, that life-incomes, or incomes for a short term, are of less value than permanent incomes. Sir ROBERT PEEL's speech was characterised by his ordinary tact and ability. It displayed in a more striking light the glaring injustice of the schedules and the extensive imperfection of the measure. Mr. ROEBUCK proposed to reduce the *tax* on professional incomes from sevenpence to threepence-halfpenny in the pound. We do not find that Sir ROBERT PEEL anywhere denied the justice of the proportion. His argument was, You have taxed other incomes of limited duration—rent from a life tenure of land; the profits of farming; annuities; the salaries of clerks in public offices—of naval and military officers—of clergymen; the jointures of widows—twice as much as you should have done, if you had taken *time* into account; therefore you cannot justly tax professional men and tradespeople on a different principle. This told as legitimate argument against one who had voted in favour of a tax on other life-incomes: it would be manifestly unjust, in the words of the hon. Baronet, to tax the incomes of those sevenpence, of these threepence-halfpenny in the pound, because the average value of corresponding life-incomes would be nearly the same. But if this be unjust we have a right to push the argument in another direction, and to ask Sir ROBERT PEEL why he taxes life-tenants of land, farmers, annuitants, clerks, naval and military officers, clergymen, widows with jointures, tradespeople, lawyers, and medical men, all having only a life-interest in their incomes, at the utmost, to an amount which HE *knows*, if some of the "clay-heads" round him do not, is really twice as great as the tax on those whose incomes are drawn from perpetuities? "Again I ask," said the Prime Minister, "if it be *just* that the "*income of trades and professions* should not "contribute to this tax so much as *the land* "in time of *peace, what rule* can be laid down "which shall not apply equally to the time "of *war*? And if you establish that *principle* "*now, depend upon it you cannot avoid it in* "*time of war*. Moreover, if you admit that "principle, you must admit that the income-

"tax of 1806, which embodied no such prin-"ciple, was unjust." (Hear, hear.) We admit the perfect legitimacy of these inferences. Of the injustice of the uniform income-tax in peace or war, no person with the slightest knowledge of the relative value of life-incomes and incomes in perpetuity, can entertain a doubt.

Lord JOHN RUSSELL very correctly stated, that a whole scheme should have been submitted, drawing a broad distinction between incomes that were durable and incomes that were not durable. He did not say that such a scheme was impracticable. The tax can only be brought up to the present state of financial science and be rendered just by being converted into a real *bonâ fide* property-tax, and converting the incomes of the industrious and professional classes into equivalent property, by the rule for reducing life-annuities to a present money value.

It is of the utmost importance that these true doctrines should be now well understood by the public, and inculcated by the members of an enlightened profession; otherwise, in the time of war the trading and professional classes may be taxed 10 or 20 per cent. on their incomes—that is, twice as much, in proportion to their means, as the holder of fixed property.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 26, 1842.

Dr. MERRIMAN in the chair.

Case of Fungus Hæmatodes. By S. W. J. MERRIMAN, M.D., Physician to the Westminster General Dispensary.

A DELICATE boy, seven years of age, suffered for some months from debility and anomalous rheumatic pains; two very painful tumours were then observed, one arising from the occiput, the other from the forehead; constant pressure on these tumours tended to diminish the pains; the tumours grew rapidly in size, spreading in various directions, by which the left eye was nearly thrust out of the socket; œdema supervened in the lower extremities, and death ensued in about ten weeks from the appearance of the tumours. The post-mortem examination showed these to be of a medullary nature, arising from the diploe; the internal table of the skull was scarcely at all affected, but the external was thickened and covered, wherever the tumours had spread, with bony spiculæ, shooting up into the morbid growth. Some of the ribs were also affected with the same disease, and many axillary, lumbar, and inguinal glands were converted into a similar bloody, brain-like substance, but generally speaking the viscera were healthy. The boy's mother had nearly lost the use of her wrist and knee-joint by a species of chronic rheumatism acting in a peculiar manner, and producing no distortion.

Dr. J. JOHNSON remarked, that the disease was altogether out of the control of medicine, and he was unacquainted with any means by which its progress could be arrested. He should like to ask the author of the paper upon what principle he gave the chalybeates and tonics in this case? Did he suspect the tumours were scrofulous?

Dr. MERRIMAN had given the iodide of potassium under the supposition that the tumours might be scrofulous, and the preparation of iron, because the patient was in so debilitated a state.

Dr. GREGORY inquired what was the nature of the diet of the patient in Dr. Merriman's case before the appearance of the disease. In a case of a similar description, occurring in a child under his own care, the family had for some time before fared badly, and had been in the habit of purchasing tainted fish and meat at the cheap shops.

Dr. MERRIMAN replied, that the appetite of his patient was so small when he was called to attend, that he was not able to take more than two or three tablespoonfuls of gruel or arrow-root at a time. He had made no particular inquiries respecting his previous diet, but the family were in very reduced circumstances, and had probably lived very low. In answer to another question, Dr. Merriman replied, that there was no effusion in the brain in his case; there was, however, a slight effusion in the pleura.

Dr. TRUMAN had asked the last question, because, when in Paris, he had seen Lisfranc apply the actual cautery for the space of two minutes to one or two spots of malignant disease, apparently superficial, and situated on the forehead. The application produced extreme pain: twelve hours afterwards symptoms of congestion of the brain came on, and the man died. If fluid had existed in Dr. Merriman's case, he (Dr. Truman) might have altered the opinion he had formed, that in Lisfranc's case the fatal result was produced by the cautery.

Mr. ARNOTT regretted that in Dr. Merriman's case the thigh-bone had not been examined, as it was probable that it would have been found affected with a similar disease to that which was present in the head. It was easy to criticise the treatment of these

cases after death, but it was often a matter of much difficulty to ascertain the true nature of the disease in its early stages. Tumours of a malignant kind had been removed by first-rate surgeons in mistake. Some time since a man applied at the Middlesex Hospital with a swelling at the side of the head, and requested that it might be opened, as he conceived that it contained matter. Mr. Arnott recollected that three years previously he had removed this man's arm at the shoulder-joint for malignant disease. On inquiry now, he found he could not turn the key of the door with his other hand: he accordingly refused to interfere with the tumour in the head. The man died, and the disease was found to affect the head, thigh-bone, ribs, and liver.

Mr. BAINBRIDGE had seen several cases of fungus hæmatodes situated in various parts of the body. Among other cases, he recollected one in which the disease affected the cellular tissue of the rectum; the disease was three times removed, but returned a fourth time, and the man died. In a second case the fungous growth at first simulated amaurosis, but eventually destroyed the sight of the child. In a third instance the fungous growth was situated in the vagina, and had pushed up the uterus. Disease was found in various organs after death.

Mr. CHARLES HAWKINS had seen a case under Mr. Cæsar Hawkins, in St. George's Hospital, of a man who had malignant ulceration of the leg, over the tibia, and enlarged glands in the groin; a tumour also presented itself in the skull. As the patient's health was sinking, it was not thought advisable to proceed to an operation: sarsaparilla and iodide of iron were administered. In ten weeks the tumour in the head had entirely disappeared, and the glands in the groin had become much diminished in size. The leg was then removed, and the patient did well, leaving the hospital in a fair state of health. This case illustrated the value of treatment, as it showed that in malignant diseases other parts might become affected with what appeared to be a similar condition, but which was removable, as in this case, by treatment.

Dr. ADDISON related the case of the late talented artist to Guy's Hospital. This gentleman on first becoming affected with illness suffered from a severe pain in the head, attended by nausea and sickness; it was feared that he suffered from disease of the brain. He was subsequent to Dr. Addison's attendance upon him under another physician in the hospital, and Dr. A. consequently saw little of him. He continued, however, to suffer from an intensely burning pain in the head, which no medicine relieved. He then became affected with a severe pain in his right chest: there was no physical evidence of disease in this region. After death, on examining the head, a large firm malignant tumour was found arising from the falx, keeping down the brain, and protruding through the bone, which it had destroyed by ulceration. The tumour was as large as a hen's egg; a similar tumour was found in the ribs involving the fibrous tissue and diploe of the bone. This explained the cause of pain in the side.

Mr. ARNOTT had used iodide of potassium in the case he had related, but it had been of no service. He had tried this medicine in some cases of tumours under the periosteum, occurring in the cancer ward of the hospital, but without the slightest benefit: he did not think it of any use in cases of malignant disease. In doubtful cases, however, he had seen it of service.

Mr. HAWKINS did not suspect the tumour of the head in his case to be malignant; the result of treatment in this instance showed that it was well not to be in haste to decide that diseases were malignant.

Dr. TRUMAN did not know whether in Lisfranc's case the bone was affected by the disease. The actual cautery, however, burnt the cranium.

Case of Dislocation of the Knee, with Observations. By HOLMES COOTE, M.R.C.S.

The object of the author in the relation of the case here presented, and in the observations which follow it, is to insist upon the practical inference that in dislocation of the tibia forwards (or of the femur backwards), the injury to the ligaments and other soft parts about the knee-joint is not necessarily such as to render the recovery of the limb, in a perfectly useful state; a forlorn hope, as it has been represented by writers of high authority, some of whom have almost regarded amputation as *primâ facie* necessary to save the life of the patient. Boyer, among others, observes, that "complete dislocations are rare, because the surface of the condyles of the femur is of so great extent that, necessarily, ligaments, tendons, and all other soft parts would be enormously torn, a circumstance that could not happen unless the power producing the accident acted with extreme force, &c." Delpech speaks of these accidents in the same tone, as very serious in the degree of laceration which must attend them, but is disposed to recommend caution in adopting the conclusion of some other writers that amputation of the limb is necessary. In the case related by the author the reduction was easily effected, and the injury of the soft parts must have been slight, as the patient was on his legs and able to run in sixteen days. He enters at some length into the anatomical examination of the ligaments of the joint, for the purpose of showing that dislocation may take place without any material laceration of them. Some interesting remarks follow on the time required for the reunion of lacerated tendons and ligaments, partly founded on observation of the

progress of cases in which the former have been divided on account of distortions; and the paper concludes with some considerations on the treatment applicable to dislocations of the knee.

Mr. Charles Hawkins had seen one remarkable case of compound fracture and dislocation of the knee-joint; the patient was a boy between ten and eleven years of age, and was admitted some years since into St. George's Hospital in consequence of an injury which he had received whilst riding behind a carriage, his leg having got entangled in one of the wheels. On admission, the end of the femur was situated in the popliteal space; there was a large wound through which the end of the bone had passed; there was much pain, but the nerves and vessels were uninjured. A consultation of the surgical staff of the hospital was held on the case, and as it was generally considered that there was severe injury to the joint, the leg was removed. On examining the limb, however, the joint was found to be perfect and intact; the head of the bone had been torn from its epiphysis. The boy did well. In a case of a similar kind which occurred some time after in the Westminster Hospital, the end of the bone was sawn off; matter, he believed, had formed in the joint, and this became anchylosed.

Mr. Rutherford Alcock had mentioned the last case alluded to in a paper which he had read before the society; there had been no formation of matter in the joint. Extensive exfoliation, however, was going on when the lad left the hospital, but it was likely the joint would become anchylosed without the occurrence of further mischief.

Dr. Hocken, three years since, had seen a case in the Exeter Hospital, under Mr. James, of a boy who was admitted three weeks after he had met with an accident, in which the shaft of the femur had been torn from its epiphysis; attempts at reduction were made, but failed. He (Dr. Hocken) was not acquainted with the termination of the case.

Case of Congenital Cataract where Light was acquired by Couching at the age of Twenty-three Years. By R. A. Stafford, Surgeon to the St. Marylebone Infirmary.

The disease in the case here related was of the capsulo-lenticular variety, and the operation was performed by depression, the lens and capsule being carried downwards and backwards into the vitreous humour out of the field of vision. The patient's recovery proceeded very satisfactorily, and in the course of it phenomena were exhibited differing, in some material respects, from those described as having occurred in the cases narrated by Mr. Cheselden and Mr. Ware in the "Transactions of the Royal Society." Among these phenomena, all of which are minutely detailed by the author, the most remarkable was the power gained by the patient in a very short time after the operation of accurately estimating distance. The author believes that this patient was more advanced in age at the time of the operation than any other upon whom the operation for congenital cataract had previously been performed with success. Mr. Cheselden's patient was thirteen, and Mr. Ware's only seven.

Dr. Evans had published a pamphlet some years since, in which he detailed two cases of congenital cataract in which he had operated with complete success. In one of these the patient was a man forty-five years of age, the other was a woman about twenty-seven. After the operation in the first case the man had no idea of the difference between the circle and the square, until he examined by the touch; in the second, the patient did not easily acquire the power of distinguishing colour.

Dr. Hocken made some observations, but owing to the noise caused by members leaving the library, we could not catch their import.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 30, 1842.

Mr. H. J. Johnson, President.

LARGE DOSES OF OPIUM.

Dr. Golding Bird related the case of a lady, twenty six or twenty-seven years of age, who had suffered for several years from an acute pain, coming on in paroxysms, in the region of the kidneys and loins, and for the relief of which she had resorted, seven years since, to morphia. She had two years since increased the dose to ten grains of acetate of morphia three times a-day; she had continued that dose to the present time without any obvious ill effects; all the functions seemed to be properly carried on, and her appetite was good; there was no sign of organic disease present. He suspected the case to be one of hysteria.

Mr. Elliott related the case of a gentleman who took two drachms of opium daily, and that of a lady who took six drachms of the drug in the course of a week.

The President related a case of obscure disease which terminated fatally. No post-mortem was allowed.

This being the last meeting of the session, the society adjourned until the third Saturday in October.

MEDICAL SOCIETY OF LONDON.

May 2, 1842.

The society was occupied this evening with a discussion on that often-debated and often-reported question, as to whether the skull could at one time contain more blood

than at another. The arguments and facts adduced on each side of the question offered nothing novel, with the exception, perhaps, of some remarks by

Mr. SOLLY, who contended, from considerable experience, that no fact could be more clearly established than that the brain was an elastic, and, therefore, compressible organ, and of course might contain more blood at one time than another. He had examined the brains of many lunatics, and he was convinced that insanity was invariably dependent on inflammation of the hemispherical ganglia. He took occasion to remark, in the course of his observations, that the present mode of treatment generally pursued in insanity was a disgrace to the medical profession.

Dr. CLUTTERBUCK maintained the opposite opinion to Mr. Solly respecting the contents of the cranium.

Mr. Elliot at the meeting on Monday will read some cases of insanity, in which probably some points of interest in the question will be mooted.

IPECACUHANA AS A COUNTER-IRRITANT.

To the Editor of THE LANCET.

SIR,—I am anxious to bring under the notice of the profession a medicinal agent, which I have no doubt in the hands of judicious practitioners will prove serviceable when circumstances indicate the propriety of its use. I refer to the action of ipecacuanha and its alkaloid emetin as a counter-irritant. I am not aware that this medical substance has ever been used for the purpose of exciting counter-irritation on the surface of the body. The formulæ I find preferable are as follows:—

℞ *Ipecacuanha powder*, 3ij;
Olive oil, 3ij;
Lard, 3iv. Or,
℞ *Emetine*, gr. xv;
Spirit of wine, gr. xv;
Lard, 3iv.

I have not found the emetin ointment to possess any advantages over the ipecacuanha. Either of these preparations, by being rubbed on any part of the cuticular surface for a few minutes once or twice a day, produces a very numerous crop of small eruptions without any pain, which will continue out for many days. This counter-irritant is superior to the tartar-emetic ointment, as it never leaves any scars upon the skin. This is one of its peculiar advantages, when it is necessary to apply a counter-irritant to the face or neck. The pustules with some individuals assume the appearance of tetter, and the eruption is accompanied with a sensation of heat and itching. The tartar-emetic appears to have a more powerful action than the ipecacuanha or emetin upon the true skin: the pustules produced by it have inflamed bases.

I have found the above formulæ of great advantage in chronic diseases of the chest and abdomen where counter-irritation is indicated. Under such circumstances, I direct one part of the chest or abdomen to be rubbed until an eruption takes place: after an interval of a day or two the ointment is applied to another part, and thus an irritation is kept up by a succession of applications to different parts of the chest. In my opinion this counter-irritant has a specific influence upon the mucous membranes of the body in the removal of disease, independently of the counter-irritation which is induced, for I have often perceived much relief effected in pulmonary affections previous to the pustules being developed. I have often witnessed the most marked beneficial effects follow the applications of the ointment over the region of the heart; the circulation becomes lowered, and nervous palpitations removed without any other remedy being used in conjunction with it.

When rubbed freely over the abdomen, I have never observed the ointment induce the slightest degree of nausea or vomiting. In cases of paralysis the parts affected ought to be well rubbed with the preparation, and the irritation should be kept up for a length of time; the peculiar irritation produced by so doing renders this remedy very efficient in the restoration of nervous energy to the affected part. The affections in which the ipecacuanha and its alkaloid will be found useful are too numerous here to specify.

When the pustules are well developed, and the patient perseveres in rubbing the ointment over them, an extreme heat with intense itching will be felt; but, unlike tartar-emetic ointment, the eruption is not disposed to assume an ulcerative character. I think this fact will establish the mildness of ipecacuanha to the tartrate of antimony as an emetic. I am, Sir, your very obedient servant,

A. TURNBULL, M.D.

48, Russell-square, London,
April 13, 1842.

ABSTINENCE AND REPLETION.

To the Editor of THE LANCET.

SIR,—The remarks of Dr. Clutterbuck on total abstinence and temperance, as to their effects in the case of the celebrated and good Dr. Birkbeck, and on people in general, remind me of a very strong case in point, which I witnessed in Dublin in 1822.

In May, 1822, a young English lad, about sixteen years of age, joined his family in Dublin; he came straight from Paris, where he had spent about fourteen months. He was at his arrival, although of a sanguine constitution, both pale and thin, like one of

those members of a broken-down family, whom everybody sees at once have been under-fed. When his father began to interrogate him about the loss of his colour and flesh, it came out that he had been for the space of twelve months subsisting on *half a franc a day for all his meals*, in order to economise and save the means of travelling, that he might rejoin his friends. His salary itself was only thirty francs a month, and his labour as copying clerk to a French bookseller lasted sixteen hours per diem.

It would, indeed, be a difficult task to describe the nutriment on which this poor boy had lived; but butcher's meat, strange as it may seem, was one of the articles in his diet. Fancy, Mr. Editor, what that meat must have been, sold *at four sols per plate*; fancy to yourself a poor growing boy, rising with undiminished appetite from every meal during twelve months. He has often said that he never once felt the glow of genial warmth at night in bed the whole time of this probation. He went to bed cold, trembled, and shivered, until he fell asleep, and arose with the same chill pervading his skin.

The Irish are a most hospitable people, and take pleasure in surfeiting their friends. The poor lad had no longer any lack of any thing; instead of his two wretched meals a-day, he had four meals, almost *episcopal*, at the sight of which even jolly Anacreon might have showed his gums. In less than a month his colour had returned, his limbs had grown round again, his stature visibly increased, and great ugliness had given place to what are called "very good looks."

About this time certain itchy pimples fast appeared on his chest, which, multiplying rapidly from day to day, very soon covered the whole body, except the face, neck, and soles of the feet. A youth who slept with him caught the distemper a few days after; it also spread over his body, but more inertly, and not to the same extent. After the body had been thus spotted with detached pimples for some weeks, the pimples grew together, especially towards the joints, and large scabs were formed, from which issued copious discharges of matter of a yellowish white, entirely free from smell. Scales of dry scab would frequently come off on removing his coat at night: there were very few pimples on the hands, and the last place which became affected was the skin between the fingers. All these pimples itched both day and night; sometimes to a degree hardly indurable.

The doctors called this dreadful eruption *herpes*. It greatly affected the spirits of the poor lad, but not at all his health, or his looks, which had gained so much from the great change in his diet. A very skilful practitioner took charge of this case, and refused to give any medicine for it until it had quite covered the young patient's body. He said that it was a grand effort of nature to purify the impoverished blood of one who had been so long under-fed. After waiting three months to let nature do her work, he prescribed an ounce of Epsom salts dissolved in a quart of water, to last three days, besides some antiscorbutic pills, and a plain ointment for local application. The disease was soon mastered by these remedies, and disappeared quite as quickly as it had come.

I witnessed the facts I have related, and from them I gather that Dr. Clutterbuck is right, and that abstinence ought not to be carried too far, where people possess the means of living well. Let us all avoid excess, and be content with moderate enjoyment. But let us never forget that if indulgence may be too lax, mortification may be too rigid for social beings. I am, Sir, with much respect your reader and admirer,

JOHN TAYLOR.

Brompton, April 21, 1842.

THE CHEMISTS AND DRUGGISTS.

To the Editor of THE LANCET.

SIR,—In the year 1814 the College of Physicians was, as a public body, a nest of mere drones, although individually quite awake each to his own interest—"Scabies post remum occupet" was their motto. The huge power with which they had been invested for centuries was allowed to sleep; and the college was an aristocratic club-house, where the avenues of court favour were closely guarded, while the public weal was totally neglected. The apothecaries at last saw their opportunity, they pushed boldly forward, and by a loud exposure of the utter want of check upon unlicensed pretenders among their own order, they gained from the Legislature extensive powers which the physicians would not use when they could, and the surgeons could not use if they would. The event is known to all of us: the general practitioners have become the real physicians of the people. The degree physicians have gradually fallen into desuetude. Nearly thirty years have gone over our heads, and behold a new body springing up to play the same game over the apothecaries. The chemists and druggists of this country have now a very considerable share of the lucrative business of treating disease. Call them what you will, "chemists and druggists," "dispensing chemists," "operative chemists," "saline chemists," or "family chemists," they are virtually money-making practitioners. They prescribe—they take the initiative—they assume to invent medicines, and expound their operation in puffing prospectuses and advertisements. They receive parties in their private apartments, and both suggest and recommend as their own nostrums and panaceas the inventions or formulæ of medi-

cal practitioners. They are not only dispensers and storers up of medicine, but I contend they are professors of the healing art. They are popular lecturers. On their counter you will find short, pithy lectures on tonics, purgatives, and remedies of all classes; and by these publications the public are considerably influenced. What will be the result? Look at their Pharmaceutical Society—What think you of its object? The advancement of pharmacy? Can any one who knows when and how their first meeting was got up, and for what object, doubt for a moment that their plan is to unite and gain strength, so as to defy that legislative improvement, which they at once dreaded and deprecated, preferring to be left to reform themselves. Mr. Editor, physicians laugh in their sleeves, and see that the day is fast arriving when they will be fully avenged for the game played upon them in 1814-15. I remain, Sir, your obedient servant,

DEMOCRITUS.

P.S.—The druggists ought to call their society "The Pharasaical Society of Great Britain."

DENHAM PARK ASYLUM.

To the Editor of THE LANCET.

SIR,—I read, with much satisfaction in your last Number, an article containing a most interesting, though brief, account of a visit to Denham Park Asylum; and whilst the general tenor of this was most agreeable, and calculated to awaken sentiments of admiration and gratitude in the minds of all interested in the subject, I could not help being forcibly struck with the following passage, as appearing to me to require some explanation:—"I mean, the fact of the relatives of invalids, when they choose it, being permitted to reside with and partake of the retirement of their poor friends for as long a time as they may wish, or until the patient is entirely re-established."

Now, Sir, it is a well known and acknowledged fact, that in many cases of insanity one of the most urgent steps towards recovery is the entire separation of the patient from all immediate relatives and connections; and one of the greatest obstacles to speedy cure, is unfortunately found to consist in the extreme reluctance of the patient's friends to submit to such a separation, or even to admit the necessity for it; and, indeed, this separation, though vitally affecting the satisfactory treatment of a case, is frequently only effected by the absolute and undeniable necessity of removing the patient to an abode where the friends cannot upon any pretext accompany him. Now, admitting the above, and knowing how much the inexperienced and frequently-opinionated ideas of relatives constantly militate against the well-being of patients, can it be possible that the above paragraph conveys a correct idea as to the regulations under which the friends of patients are permitted to visit, and even to reside at Denham Park? It would appear to me that such visits ought to be most strictly regulated by the advice of the resident physician, and to be, of course, dependent upon the nature of individual cases: this I sincerely wish may prove to be the case, and I shall anxiously look for your next Number, in the hope that I may have been successful in invoking the "Shade of Pinel" to give, what I am sure would be a satisfactory explanation of the paragraph alluded to, to many besides myself, involving, as I conceive it does, a point so novel, and on the use or abuse of which I am convinced may hang so much of good or evil. I am, Sir, your obedient servant,

SCRUTATOR.

May, 1842.

DR. MURPHY'S INTRODUCTORY LECTURE AT UNIVERSITY COLLEGE.

DR. MURPHY delivered the introductory lecture to his course on midwifery, on Tuesday last, to a numerous auditory of students and visitors. He was received with great applause. He acquitted himself with much ability; and although his voice by no means possesses great power, it is of a pleasing tone, and was sufficiently audible in all parts of the large botanical theatre in which the lecture was given.

The discourse dwelt chiefly on the importance of midwifery as a branch of medical education, and of the unmerited contempt into which it had fallen. In the course of his address the lecturer skimmed over the surface of some interesting points connected with the physiology of the ovum. He also detailed some cases of midwifery, in which the difference between an ignorant and educated practitioner would be made manifest by the destruction of the parent, if in the hands of the former. He exhorted the students to patient industry and to the accurate observation of what were called common cases, for upon a perfect knowledge of natural labour must be grounded our acquaintance with preternatural labour. He cautioned them against theoretical speculations, which, however fascinating, merely led them astray, and concluded an interesting lecture by asserting his desire to aid in making the path of knowledge easy and pleasant to his pupils.

UNIVERSITY COLLEGE MEDICAL SCHOOL.

DISTRIBUTION OF PRIZES.

Saturday, April 30, 1842.

The Right Hon. Lord CAMPBELL presided.

Anatomy and Physiology.

Gold medal, Henry Fearnside, of Otley, near Leeds; silver medals (equal), George Y. Heath, Henry James Stokes, of London.

Midwifery.

Gold medal, William John Preston, of London; first silver medal, Alfred B. Garrod, of Ipswich; second silver medal, Edwin Hearne, of Taunton.

Chemistry.

Gold medal, B. A. Harling, of Chester; first silver medal, Thomas Humphreys, of Anglesey; second silver medal, W. Brown, of Altarnun, Cornwall; prize essay, first medal, Richard Tudor, of London; ditto, second medal, Richard Worsley, of Blandford.

Anatomy.

Gold medal, Henry Fearnside; first silver medal, Edwin Hearne; second silver medal, John Thompson, of Launceston; junior class silver medal, Alfred Jackson, of London.

Comparative Anatomy.

Gold medal, Thomas P. Matthew, of London.

Materia Medica.

Gold medal, R. Dawson Harling, of Chester; first silver medal, Richard Worsley; second silver medal, W. T. Edwards, of Carephilly.

Surgery.

Gold medal, Edwin Hearne; first silver medal, John Topham, of Droitwich; second silver medal, Leonard Buckell, of Chichester.

Medicine.

Gold medal, A. B. Garrod; first silver medal, P. Henry Williams, of Wem; second silver medal, Henry Allen, of Macclesfield.

Fellowes Clinical Medals.

Gold medal, C. J. Hare, M.B., Cantab., of Leeds; silver medal, Thomas Leonard, of London.

SUMMER TERM, 1841.

Botany.

Gold medal, W. John Preston; silver medals (equal), J. E. Stocks, of Hull, J. D. Heaton, of Leeds.

Medical Jurisprudence.

Prize, Alfred B. Garrod.

Fellowes Clinical Medal.

J. D. Heaton.

SOCIETY FOR THE RELIEF OF MEDICAL WIDOWS AND ORPHANS.

PORTRAIT OF BRANSBY B. COOPER, ESQ.

THE portrait of Mr. Bransby Cooper was undertaken by a committee of surgeons'-dressers at Guy's Hospital, six in number, in October, 1840. Communications were privately made to various persons, generally medical practitioners, who had pursued their studies under Mr. Cooper; and two hundred subscribers, at one guinea each, were soon obtained. The painting was intrusted to Mr. Eddis, of Newman-street, and the engraving to Mr. Simmonds. The former will be exhibited this year in the Royal Academy. Three hundred copies were struck off, and the plate has since been destroyed. Of these two hundred and twenty-five have been distributed, and the remaining seventy-five are now in the hands of the "Society for the Relief of Medical Widows and Orphans," to be sold for the benefit of that society.

*** We have rarely seen so admirable a likeness. And we doubt not but this announcement will accomplish the wishes of the excellent society for whom the remainder of the work is to be sold.

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, April 29, 1842:—Francis Robert Trumper; Charles Wakefield Jenner; James Croft; Charles George Mott; William Mills Dowding; Richard Willis; Evan Evans; Thomas Frederick Wolrige; Charles Thomas Wills; Edwin Hearne; George Everest. Admitted Monday, May 2, Samuel Maltby; Edmund Cockey; Charles Pooley; Frederick William Johnson; Henry Young Chapman; William Martindale; Robert Wilson; Leonard Buckell; Charles Richard Jones.

BOOKS RECEIVED.

A Practical Treatise on Medical Inhalation, with numerous Cases demonstrating its use in Bronchitis, Consumption, &c. By Edward Jenner Coxe, M.D. Philadelphia: Dobson. London: Baldwin. 1841. 16mo. Pp. 108.

A Practical Treatise on Auscultation. By M. Barth, M.D., and Henry Roger, M.D. Translated, with Notes, by Patrick Newbigging, M.D. Edinburgh: Maclachlan, Stewart, and Co. London: Whittaker. 1842. 12mo. Pp. 398.

An Investigation of the Present Unsatisfactory and Defective State of Vaccination, &c. By Thomas Brown. Edinburgh: Maclachlan, Stewart, and Co. London: Whittaker and Co. 1842. 8vo. Pp. 139.

Researches into the Physical History of Mankind. By James Cowles Prichard, M.D., F.R.S. Third Edition. Vol. 3, Part 1. London: Sherwood. 1841. 8vo. Pp. 507.

A Series of Anatomical Plates in Lithography, with References and Physiological Comments illustrating the Structure of the different Parts of the Human Body. Edited by Jones Quain and Erasmus Wilson. Division 5, Bones and Ligaments. Fasciculus 98. London: Taylor and Walton. 1842.

Elements of General Pathology, by the late John Fletcher, M.D. Edited by John J. Drysdale, M.D., and John R. Russell, M. D. Edinburgh: Maclachlan, Stewart, and Co. 1842. 8vo. Pp. 519.

The Retrospect of Practical Medicine and Surgery; being a Half-yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite. London: Simpkin and Co. 16mo.

An Enquiry into the Nature and Causes of Epilepsy; with the Function of the Spleen; and the Use of the Thyroid Body, &c. By John Jackson. London: Whittaker. 1842. 8vo.

The Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D., F.R.S. Second Edition, enlarged and improved. London: Longman and Co. 1842.

TO CORRESPONDENTS.

A needy Student may practise the branch of the art which he names, without molestation.

J. L.—It would, if the professor at Glasgow be a licentiate of Apothecaries' Hall, London, or were in practice as an apothecary in England or Wales before August, 1815, but, under the present law, not otherwise.

Dr. Beaumont's paper next week.

R. S.—There is no clause in the Apothecaries' Act giving any special privilege to licentiates of the hall acting as shopkeepers in the city.

Mr. Lemoine will obtain the information he seeks at any medical publishers.

We are unable to find room for *Dr. Davis's* note this week; it shall appear in our next.

Dr. Wright's request shall be attended to.

The communication from *F. R.* has been received.

Mr. Higgins's remarks shall be attended to.

We are unable to make room for the distribution of prizes of the Charing-Cross School; it shall appear in our next.

Mr. Semple's communication has been received; it shall be published in an early number.

The communication of *H. C.* must be authenticated.

Mr. Henry Jones.—We are not aware of any such occurrence; nor do we believe it possible.

M. P.—Instances daily occur to illustrate the necessity of appointing fully-qualified resident medical officers in the great metropolitan hospitals. The case specially referred to by our correspondent, was one in which the patient died under an attack of acute laryngitis. It occurred in November last, and was, briefly, this. At noon on the 3rd of that month, John Whaler was attacked by acute laryngitis. On the evening of the same day he was seen by Dr. Lynch, the medical officer of the West London Union, who immediately recognised the disease, and treated it promptly, but without effect, whereupon Dr. L. determined to perform bronchotomy; but having previously requested Mr. Waltham, one of the house-surgeons of St. Bartholomew's Hospital, to see the patient with him, Mr. Waltham recommended that the patient should be removed to the hospital "to give him the benefit of the warm bath, *and better attendance after the operation.*" He was accordingly removed to the hospital on the same evening, and was seen there by Mr. Hurlock, the resident apothecary, who appears from his treatment to have taken the same view of the case as Dr. Lynch and Mr. Waltham; but nothing was done during the night. At ten on the following morning he was much worse, and at eleven was seen by Dr. Roupell, who decided upon the necessity of an artificial opening being made; but before the arrival of the surgeon, in an hour and a half, the period of death had arrived, the consequence of delay, and while the trachea was being opened the patient was expiring. The autopsy confirmed the correctness of the opinion, that the demand for the operation was urgent. To the questions, Why did not Dr. Lynch operate? the reply is given in the history of the case. Why did not Mr. Hurlock? Because he was "only the apothecary:" or Dr. Roupell? he was simply "a physician:" Mr. Waltham, the resident house-surgeon? The house-surgeon of the hospital is allowed by the governors to perform only the minor operations. Why was not the "pure surgeon" of the week sent for instantly, and in attendance? He lived at Whitehall, or some other distant place, or perhaps was in the country, or out at dinner, or had a card party, or was attending a rich private patient. Our correspondent might collect an abundant number of similar examples if he obtain access to the hospitals.

THE EPIDEMICS AMONG CATTLE.

THERE are now raging throughout the greater part of England and Ireland, and some districts of Scotland, epidemics among horses and cattle of a most fatal character. They are altogether different from those that have lately prevailed, both in the character which they assume and the increased mortality by which they are attended. Sheep are rapidly beginning to be involved in the general destruction."—*Veterinarian*, May, 1842.

Showing the No. of Deaths from all Causes, Registered in the 5 Weeks, ending Saturday, April 23, 1842.

Causes of Death.	March		April			Weekly Av. 1838-41, (corrected).
	20 to 26	27 to A. 2	3 to 9	10 to 16	17 to 23	
Small-Pox	3	3	1	4	3	32
Measles	16	23	17	22	24	23
Scarlatina	16	8	5	11	5	32
Hooping-Cough	34	49	36	30	39	31
Croup	7	9	13	13	5	7
Thrush	2	....	2	2	2	5
Diarrhœa	5	2	5	4	3	8
Dysentery	2	1	....	2	1	2
Cholera	....	....	....	....	....	1
Influenza	1	3	3	1	2	2
Typhus	22	19	20	21	18	40
Erysipelas	3	5	5	5	2	6
Syphilis	....	3	2	....	2	.5
Hydrophobia	....	....	....	....	....	.1
TOTAL	111	125	109	121	106	190
Cephalitis	11	13	15	11	14	11
Hydrocephalus	31	42	35	37	43	34
Apoplexy	23	16	17	16	12	17
Paralysis	16	10	15	24	23	15
Convulsions	42	42	47	50	61	59
Epilepsy	4	3	2	1	2	4
Insanity	1	1	1	....	2	1
Delirium Tremens	....	1	....	....	....	1
Dis. of Brain, &c.	11	12	6	11	10	7
TOTAL	139	140	138	150	167	149
Quinsey	....	....	....	1	2	1
Bronchitis	17	9	12	17	6	10
Pleurisy	2	1	3	2	4	2
Pneumonia	74	58	84	79	67	72
Hydrothorax	3	4	5	3	7	5
Asthma	19	23	23	20	16	25
Consumption	120	146	127	140	146	141
Dis. of Lungs, &c.	18	11	12	17	14	12
TOTAL	253	252	266	279	262	268
Pericarditis	1	....	....	....	2	.6
Aneurism	....	....	2	....	....	.6
Dis. of Heart, &c.	13	20	22	18	15	17
TOTAL	14	20	24	18	17	18
Teething	14	17	16	20	17	17
Gastri.—Enteritis	14	11	12	9	11	18
Peritonitis	....	....	1	3	1	1
Tabes Mesenterica	7	3	4	5	8	4
Ascites	....	....	1	....	....	.5
Ulceration	1	1	1	1	....	1
Hernia	2	3	3	1	1	2
Colic or Ileus	4	....	4	2	3	2
Dis. of Stomach	3	4	5	5	7	5
Hepatitis	1	1	....	....	4	1
Jaundice	1	2	3	4	4	2
Dis. of Liver, &c.	8	6	3	4	4	8
TOTAL	55	48	53	54	60	61
Nephritis	2	1	1	....	1	.4
Diabetes	....	....	....	....	2	.3
Stone	....	1	....	....	....	.4
Stricture	....	1	....	....	....	.3
Dis. Kidneys, &c.	3	8	2	4	7	2
TOTAL	5	11	3	4	10	4

Causes of Death.	March		April			Weekly Av. 1838-41, (corrected).
	20 to 26	27 to A. 2	3 to 9	10 to 16	17 to 23	
Childbed	1	7	3	6	4	7
Ovarian Dropsy	....	2	....	....	....	.3
Dis. of Uterus, &c.	3	....	2	4	3	2
TOTAL	4	9	5	10	7	10
Rheumatism	1	....	1	3	....	3
Dis. of Joints, &c.	1	3	2	4	2	3
TOTAL	2	3	3	7	2	6
Ulcer	....	....	....	....	1	.4
Fistula	....	....	....	....	....	.3
Dis. of Skin, &c.	....	....	1	....	....	.3
TOTAL	....	....	1	....	1	1
Inflammation	1	4	2	3	4	10
Hæmorrhage	4	2	3	3	1	3
Dropsy	43	35	38	35	28	34
Abscess	2	4	4	2	1	4
Mortification	2	5	1	4	6	4
Scrofula	3	2	2	1	2	2
Carcinoma	2	6	11	9	6	7
Tumour	1	5	1	2	2	2
Gout	2	3	1	2	....	1
Atrophy	11	5	7	8	11	5
Debility	17	20	20	24	17	17
Malformations	1	....	....	....	....	1
Sudden Deaths	21	29	18	7	8	14
TOTAL	110	120	108	100	86	104
Old Age	52	53	58	61	68	69
Intemperance	....	....	....	....	....	.6
Privation	....	1	....	....	....	.5
Violent Deaths	19	37	21	9	19	24
TOTAL	19	38	21	9	19	25
Causes not Spec.	6	13	2	9	4	7
Deaths, all Causes	770	832	791	822	809	912
No. of Week	12	13	14	15	16	....

1841—42.	Ages.		
	0 to 15	15 to 60	60 & upwards
March 20th to 26th	326	266	178
27th to April 2nd	361	300	170
April 3rd to 9th	300	244	145
10th to 16th	364	277	174
17th to 23rd	360	280	167
Weekly Average, 1838—41	433	312	165

TEMPERATURE	High.	Low.	D. Mean.
Week ending March 26	53°	34°	42°
,, April 2	58	36	49
,, 9	57	34	43
,, 16	49	37	42
,, 23	61	38	48

	Enumerated Pop. 1841.	March 20 to 26.	March 27 to April 2.	April 3 to 9.	April 10 to 16.	April 17 to 23.	Weekly Av 1838-41
West Districts	300,705	130	131	126	102	119	135
North Districts	365,600	146	179	139	165	163	162
Central Districts	373,806	121	177	132	169	156	188
East Districts	392,496	152	154	197	179	172	206
South Districts	438,060	221	191	197	207	199	221
	1,870,727	770	832	791	822	809	912